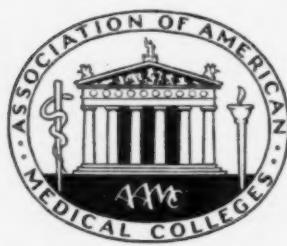


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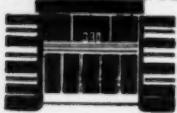
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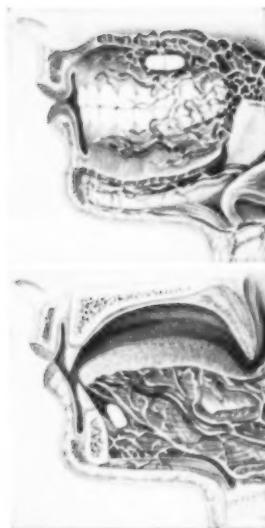
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1. Greene, G. G.: Kentucky M. J. 50:9, 1952.

2. Stevenson, C. S., et al.: Am. J. Obst. & Gyneec. 61:388, 1951.



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References: 1. Humphrey, P., et al.; 2. Perlman, A., S. Samuels, S., et al.; *Angiology*, 57, 16, 20 (1966); 3. 102.

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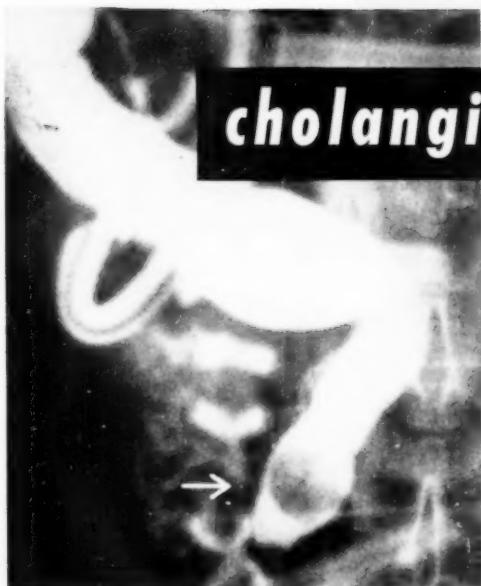
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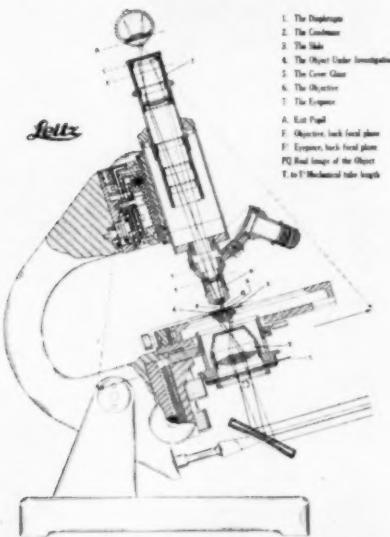
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Interim Report from an Ambivalent Friend

Charles Dollard

Adapted from the Opening Address to the 62nd Annual Meeting of the Association of American Medical Colleges, October 29, 1951. Mr. Dollard is president of the Carnegie Corporation of New York.

In reviewing past meetings of this Association, as I have during the last several weeks, I find that it is your pleasant custom to include in your annual program a speech by at least one witness whose only qualification is that he knows almost nothing about medical education or medical practice.

The reason I know that you have this weakness for naive witnesses is that two of my friends have spoken at previous meetings of the Association—one in 1948 and one in 1950. And the reason I know that John Russell, Vice President and Director of the Markle Foundation, and Virgil Hancher, President of the State University of Iowa, were among my predecessors is that both of them were kind enough to send me copies of their speeches. Russell, indeed, was so kind as to send me two copies of his speech, one mimeographed and one printed, apparently on the theory that I needed a double dose of wisdom. Hancher is a more modest fellow, but only slightly more modest. I was incautious enough to send him my warm and sincere congratulations on his very statesman-like speech, and was rewarded by receiving copies of all the other speeches he had ever given since he won the senior ora-

torical prize in the Rolfe, Iowa, High School in 1913.

I may seem to you to feel a little bitter toward John Russell and Virgil Hancher. As a matter of fact, I am more than a little bitter—and with good reason. Between them, they covered virtually every point which a layman could possibly make about medical education and covered each point so well that only a very indiscreet man would attempt to improve on, or elaborate, their points. Since their two papers were, to a great extent, supplementary to one another, perhaps neither Russell or Hancher will mind if, for purposes of a quick summary, I treat the two papers as one—without any intention of giving Hancher credit for Russell's brilliant figures of speech or vice versa.

What Russell and Hancher said as I read their speeches is about as follows: *first*, medical educators, and indeed the whole profession, might profit from escaping from the nineteenth century and taking their place in the twentieth. *Second*, it is poor strategy in any game to be always on the defensive; or to steal Russell's football figure, very few touch-downs are made by men who run backwards. *Third*, medical educators are ex-

perts in the business of losing friends and irritating people. *Fourth*, the story of the problems and dilemmas which give medical educators ulcers, and make them tend to premature baldness, has been badly presented to the public; or to put it another way, medical educators always put their worst foot forward on every public occasion, and usually have the other foot in their mouth as they speak. *Fifth*, every layman who gets some insight into the problems which deans of medical colleges have to face has an irresistible tendency to drop what he is doing and help them to make both their goal and their dilemmas intelligible to the literate public.

Russell and Hancher said some other things, too, but for the most part they were just salve applied to heal the wounds they had made and can be disregarded for the purposes of this analysis.

You will understand, I am sure, that I am not undertaking to support any of the statements which Hancher and Russell made, and which I have paraphrased. They may be right or they may be wrong. All I can say is that as I read their speeches, I found myself saying, "I wish I'd said that first."

I must also admit that my classification of Hancher and Russell as naive witnesses like myself leaves me open to the charge of dealing very lightly with the truth. President Hancher was a distinguished member of the Chicago Bar for sixteen years and, therefore, speaks with authority on the many problems which are common to all professional groups in America; and for the past ten years he has had ultimate responsibility for the support and direction of one of the finest and most progressive medical schools in the country. Russell, on the other hand, could fairly have been classified as a naive witness prior to 1946. Since

then he has had a liberal education in what might be called the strategy and politics of medical education, his tuition fees having been paid by his rich uncle and aunt, John and Mary R. Markle. So that in lumping these two with myself as naive witnesses, I mean only to call attention to the fact that they are not M.D.'s or even Ph.D.'s. I love both these men dearly and I don't want to risk losing their friendship by implying that either of them is as ignorant as I am.

But the fact that I am ignorant about medical education should not be interpreted as meaning that I am unconcerned about it, either personally or professionally. I can't be unconcerned about it personally because, having bad eyes, bad ears, a bad stomach and a bad temper, I am as much at the mercy of the medical profession as any man can be until he finally makes his last appearance in the post mortem room.

It is also a matter of professional concern since, as your Chairman indicated, I make an uneasy living as an officer of what prior to the recent emergence of the Michigan colossus was regarded as a large foundation. In this professional capacity, I must confess that my most earnest attempts to have nothing to do with medical education have been hopelessly futile. Never a day passes but I don't find myself engaged in a conversation with a bewildered university president or the executive of some other foundation or one of my own Trustees about that ever absorbing question: "What's wrong with The Medical Schools"? The more modest questioners merely ask the question; the less modest ones both ask it and answer it; and let me tell you that if all their answers were added up into one master indictment, there is not a jury in the country

that wouldn't say that hanging is too good for every man jack of you.

Again let me say that I am not attempting to assess the truth or falsity of the allegations which make up this master indictment. I am only an innocent bystander whose business it is to listen to everybody and I am simply telling you what the boys in the back room are saying.

On the chance that I might some time be under the necessity of making a judgment, public or private, as to whether you should be hanged or canonized, I have cast around for reports or statements which would give me all the facts about medical education in a form which a layman like myself could understand. Maybe there is something wrong with our office files. Maybe our file room supervisor doesn't like doctors and throws away everything they send us. In any event, my search proved very frustrating.

Aside from the two very sensible speeches by Hancher and Russell which I referred to earlier, about the only useful documents I found were a little booklet on requirements for admission to medical schools, and an informative and well organized brochure published recently by the National Fund for Medical Education. I also found a few annual reports by members of this audience which were not only very informative but also very persuasive, but these dealt only with the problems of a single school. As I say, my failure to find any good clear statements on medical education may be merely a reflection on our files. I don't think it is, because to make sure, I checked with two other foundations which are active in the field of medicine without turning up anything important that was not in our office.

This ramble through our files was not

entirely without profit. I discovered in a cabinet labeled "reports" a whole lot of documents designed to give the layman an understanding of the complexities of the telephone business, the steel business, the railway business and even the undertaking business. I couldn't help thinking as I examined these handsome brochures that it was a little odd to find that the most important enterprise in America—the enterprise of keeping the American people well enough and sane enough to do the day's work—had no publicists who compared in skill, technical competence and imagination with the men who make the steel and bury the dead.

I also discovered in the course of my search—and indeed I knew these things before I started it—that there are in progress under the auspices of this Association two related studies which together may provide the data for the kind of layman's report on medical education for which I looked in vain. But while I have every confidence that these studies will produce the data—indeed, I have been told that one of them threatens to produce enough data to overload all the IBM machines in America—I must say that I have less confidence that these data will be presented in a form I can understand.

I find it hard to believe that this lack of good explanatory literature on medical education is due only to inadvertence. I find it hard to believe that no one of you has ever looked at the kinds of business report to which I refer without thinking to himself, "Why don't we do something like this to explain the whole business of medical education to the laity?" If none of you have ever asked yourself this question, let me ask it for you, and make a wild guess at the answer, or at least part of the answer.

My guess, and understand, I am only

voicing a suspicion, is that you suffer from alumni trouble. The reason I suspect this is that when I served a brief sentence as an assistant dean in the '30's, I recall suffering constantly from alumni trouble. All educators suffer from alumni trouble—which is why they envy the wardens of penitentiaries whose alumni never return except under compulsion. But I have a suspicion that your alumni troubles may be more serious than those of your diaconal colleagues in the liberal arts or in the other professions. I suspect that because your alumni are in a position to fix requirements for license to practice, to set the standards for the hospitals, to devise the examinations of the specialty boards, and in general, to make life pleasant or miserable for you and your young protégés—that for all these reasons the alumni albatross you wear around your neck is bigger than most. This is an unkind suspicion and I voice it with both hesitation and trepidation. Hesitation, because I have only hearsay evidence which would not stand up in a competent court; trepidation, because I shudder to think what my own doctor will do to me by way of reprisal the next time he gets me on the examining table.

But on the off chance that there may be some color or substance to my suspicions, let me offer a word of comfort and advice. During my brief service as a dean I made the amazing discovery that the most vocal alumni were neither the most intelligent nor the most powerful. The alumni who loaded the president's desk with angry telegrams the morning after we lost the homecoming game proved on careful scrutiny to be something less than the flower of the alumni crop. And the authors of the hypertensive letter inquiring why the university

had gone completely red often turned out to be color blind.

What I am suggesting is that behind the noisy alumni to whom educators sometimes pay too much deference are a host of quiet and substantial fellows who will rise when the issue is joined and fight side-by-side with the educators for the things the universities and colleges need to do a better job. John L. Lewis thought he owned both the miners and the mines, but the American people and the American courts taught him better. I predict that the people and the courts will give similar treatment to any man or group of men who think they own any segment of our educational system, professional or otherwise.

It should comfort you also to recall that your alumni represent less than one-fifth of one percent of the adult population of the United States, and to remember that all the remaining 99.8% have a deep interest and a large stake in the enterprise to which you have committed your lives. Everybody in America wants good medical education. A large proportion of the responsible men and women inside and outside the medical profession are prepared to go down the line with you to get it. The one thing they must count on you to do is to give leadership in the fight.

The use of the word "fight" suggests that you must do battle to get what you want, which may seem to be an overstatement. I don't think it is. Every man or woman who believes in a good cause and who has his heart in that cause must give battle constantly against those who, from apathy or from fear, want to keep him from accomplishing his ends. So I say again that you must fight.

When one goes in to a fight, it is always relatively easy to identify one's

enemies but much harder to identify one's friends. I have already suggested that you have most of the intelligent people of the country on your side and will have more of them if you can make a clearer statement of your problems and goals.

But in addition to this multitude of generally well disposed laymen, you have some professional colleagues with whom you might well make alliance. These colleagues are in your own universities and especially in the social science departments. From about the time of the publication of Freud's "Interpretation of Dreams", doctors, or at least some doctors, have conceded that the psyche and the soma are joined in one living human being, and that to treat this human being as a fractionated specimen rather than as a human entity is to treat him badly. Recent developments in psychosomatic medicine are more familiar to you than they are to me and I shall not undertake to say anything about them. I should like to say, however, and now I am speaking as a stillborn sociologist, that I look forward to the brave day when you will make a second important discovery—the discovery that each human being who comes to you for treatment lives in a world populated by other human beings, some of whom impinge on him constantly and in ways which affect both his body and his mental health.

Having said this, I salute those medical schools, among them Cornell, which have already made this discovery and which have invited the social scientists into their councils to contribute what they can to medical education; and I predict

that after the social scientists and the medical educators do get together to pool their skills in the development of a better medical curriculum, my friends in social science will discover that a lot of things which they know for sure just aren't true. If medical educators have been handicapped by their failure to give attention to social and cultural factors affecting human beings, it is equally true that the social scientists have been handicapped by their tendency to deal with bloodless models and with bloodless numbers.

But whether or not you are ready to join forces with the social scientists, who might, incidentally, teach you a few tricks about winning friends and influencing people, let me urge most strongly that you do cease to be complete isolationists and at least rejoin the universities with which you have formal identification. You can't win by fighting your own family—especially when your allowance is fixed by papa.

Finally, I want to tell the deans of the American medical schools that if they will only let down their guard and signify their willingness to accept help from their friends, they will be very much surprised at how much help they will get. If you must play Horatius at the bridge go ahead and play it. It's entirely fitting and proper that you should hold the foaming Tiber of medical education against your enemies. But for your own sake, and for the sake of medicine and education, just be sure you aren't holding the bridge against friends who come bearing gifts—gold, frankincense and myrrh.

The Conference on Psychiatric Education

These preliminary remarks by John McK. Mitchell, dean of the University of Pennsylvania School of Medicine, introduced a symposium on the Conference on Psychiatric Education which was held at Ithaca, N. Y., June 1951. The symposium published here was presented October 30, 1951 to the 62nd Annual Meeting of the Association of American Medical Colleges.

At the request of the American Psychiatric Association, the Public Health Service made a grant to that organization to conduct a conference entitled, "How Does Psychiatry Affect Medical Education?" The Association of American Medical Colleges was invited to participate. Dr. John Whitehorn was appointed chairman of the Conference; Dr. John Mitchell was appointed to represent the Association of American Medical Colleges.

An Executive Committee was set up, composed of the following members: Dr. Whitehorn, Dr. Mitchell, Dr. Worts, Dr. Lidz, to represent Psychiatry, and Dr. Lippard, to represent the AAMC.

This committee began to function in the summer of 1950; its duties being to set policy, to keep the whole idea moving, and to set forth, in general, topics to be covered.

The Executive Committee in turn appointed a Planning Commission which met for two days at Lake Placid in the Fall of 1950, just in advance of the 61st AAMC meeting. The Planning Commission established five preparatory commissions. These delineated the five topics to be considered.

The Conference met for a full week at Ithaca, N. Y., in June 1951.

The composition of the Conference at the June meeting was not confined to

psychiatrists. There were present 38 psychiatrists, 11 deans, 12 representatives of national foundations and governmental organizations interested in this particular field, four social scientists, four professors of preventive medicine, two internists, two pediatricians, two social workers, a surgeon, a nurse, a representative of the medical basic sciences, a clergyman and a historian. Discussions were not confined to psychiatric teaching per se.

At the time of the general meeting this large group was broken down into five sub-groups—one for each topic—each sub-group being composed of roughly, 15 members.

The topic to be discussed was first presented by the chairman of the Planning Commission. Since the group had discussed this particular subject in advance on several occasions, and gathered material, all members were well prepared to discuss it.

At the general session the chairman of the proper commission would present his topic. The Conference would then disperse into five groups, these groups simultaneously discussing the topic under consideration for that day. In the evening, appointed members met to summarize the discussion that had taken place at each group's meeting for presentation the following morning when a general discussion would follow. Then, at the

Symposium—Conference on Psychiatric Education

end of the entire Conference there was one full day for general consideration.

The stated purpose of the Conference was "to promote and preserve the health of the community by investigating, defining and helping to develop programs which will improve the teaching of basic and clinical psychiatry", by advancing the medical skills needed to recognize and treat mental illness and emotional maladjustment, by coordinating the efforts of all groups concerned with these problems so that their resources may be used most effectively.

The five topics were:

1. *Community Needs—Rural and Urban:* What does the Community need and expect of the doctor in dealing with persons as well as diseases, with groups as well as individuals, and in the management of human relations?
2. *The Student—His Adaptation and Progression:* The assets, liabilities and motivations that the student brings with him; the influence of his own economic circumstances; effective instruction by example in the clinical areas; the maturing effect of responsibility for patient care; the consequences of premedical requirements and admission policies on the type of student admitted.
3. *The Setting—The Medical School as It Exists Today; Biases, Deficiencies, and Potentials:* The medical school milieu and how changing needs, knowledge and pedagogical skills now require alterations in the medical school environment.
4. *General Principles, Content and Methods of Teaching Psychiatry in the Undergraduate Medical Period.* (As you see from this, this Conference concentrated on undergraduate medical education rather than graduate education.) Inquiry into which types of learning experience the student may participate with teacher and with patient, and at what stages these should take place, in order that the student may obtain a more comprehensive understanding of his function as a physician in our society.
5. *Administrative and Integrative Patterns of Organization:* Inquiry into current and planned medical school curricular patterns; ways in which psychiatry can be integrated with other departments; and the structure of psychiatric departments.

Community Needs; The Student; The Medical School as it Exists Today

This summary of the first three topics of the Conference was presented by John Romano, professor of psychiatry, University of Rochester School of Medicine and Dentistry; psychiatrist-in-chief, Strong Memorial and Rochester Municipal hospitals, Rochester, New York.

Introduction

Having been asked to summarize the first three topics of the conference I have abstracted each topic in terms of (1) the preparatory material, (2) the conference discussion and (3) my impressions of the major and significant ideas expressed in the study of the topic.

I prepared the following from the background material sent to me as a participant in the conference, from summaries prepared and notes taken during

the conference and from studying a transcript of the conference discussion. This summary does not necessarily represent the opinions of anyone else but the reviewer.

The first three topics are intimately interrelated and, as will be evident, consideration of one immediately involves and concerns the others.

Community Needs: Rural and Urban

The group assigned to the first topic

Symposium—Conference on Psychiatric Education

assumed its responsibilities soberly and with great industry. In the monumental mass of background data presented there were three major documents.

The first was a review of sociological factors reflecting changes in the American community during the last fifty years, stressing particularly urbanization, migration, industrialization, change in value systems, secularization and changes in family life. These phenomena of change were then considered in relation to sources of tension, anxiety, conflict and sickness.

The second document was a body of comparative data, from a variety of cultures, showing methods by which various societies have tried to master tensions and anxieties relating to inevitable stresses in community life, highlighting different attitudes toward illness and different perceptions of the physician's role. Instances in which supernatural rituals were used to cope with sources or manifestations of anxiety and guilt were contrasted with the tendency in present day society to place increasing reliance on scientific competence and technical skills in the mastery of evil forces.

Thirdly, there was an analysis of over 700 responses to a questionnaire which solicited opinions of community leaders and people professionally engaged in the care of human problems. These people were asked what they regard, in the realm of community needs, as the proper concern of the physician, and their opinions about the degree to which present day physicians take care of these needs. The great majority of responses indicate the physician is expected to deal with emotional tensions and anxieties prevailing in our society; that much illness is considered as having its origin in such tensions, and that successful care is seen as

being possible only if the physician has knowledge of the effect of interpersonal relationships and social crises upon the individual. The skills required include the ability to coordinate medical efforts with those of other community agencies, such as social agencies and the clergy. Many responses included a plea for better training of future physicians in this respect.

Before the conference, a few members of the Planning Commission were critical of the design of the questionnaire and of the sampling. A second questionnaire was prepared in more neutral terms. At the time of the conference, the replies to the second questionnaire were too few in number to be of significant statistical validity, but the trend reported appeared to correspond positively with that of the first questionnaire. It is anticipated that more complete data will be available for inclusion in the formal publication of the conference proceedings.

In addition to the three major documents noted, this reviewer studied with interest and profit the report submitted by Dean Helen Wright and seven faculty members of the School of Social Service Administration of the University of Chicago, "What the Community Needs and Expects from Doctors as Seen by Social Workers", together with their comments on the ways in which doctors are or are not measuring up to these expectations. It is hoped that their report, together with that submitted by Dr. Benjamin Spock, entitled "A Pediatric View of How Undergraduate Psychiatric Education Might Better the Community's Needs", will be afforded wide circulation either through the Conference Proceedings or otherwise. They merit serious study by many of us.

Probably because this topic was the first discussed, or perhaps because it cov-

ered such a wide area of human behavior, few present had sufficient systematic experience with its entirety, or for other reasons, the discussion in the first plenary session was vigorous but relatively unproductive, being at times discursive and tangential. A wise administrative decision made it possible to hold a second plenary session on this topic the last afternoon of the conference. At that time Commission I outlined the following as their interpretation of the significant points contributed by membership discussion.

1. The evidence which can now be presented concerning the role of the physician in the community and concerning his contribution to the satisfaction of community needs is quite inadequate. Joint inquiries of medical groups and social scientists are needed to establish secure knowledge.

2. Medical science itself has contributed significantly to the social changes referred to by the Commission. The control of communicable disease, the reduction of infant mortality and the increase in life expectancy have brought about a shift in age distribution within the population and in the distribution of illness. Much of the time previously spent in the short-term treatment of acute illness has been replaced by the medical care of chronic sickness.

3. The physician's own community situation in terms of prestige, economic rewards and distribution of medical manpower requires attention, especially the relation of the general practitioner to the specialist.

4. Many of the problems cited as community needs cannot be solved by caring for the individual patient but must be approached on a community-wide basis. The physician's work will have to become more and more integrated with a broad program of preventive medicine and health maintenance.

5. The skill and knowledge required for the mastery of major problems of social engineering exceed the resources of the individual physician. Knowing his limitations, he must be able to assess the resources of other groups and to join in teamwork for the realization of community planning, contributing his knowledge about the location of stress and illness.

6. Obviously, some social science material in the undergraduate training of medical students

seems important. Whether this should be indicated in terms of required units of a specific number is a debatable point, but some emphasis by medical educators on the actual and/or potential importance of the social sciences would seem to be important at this time.

7. The addition of social science personnel to staffs of hospitals and medical schools is now in progress to a limited extent. This represents an experimental stage. More such experiments are in order. For the success of such experiments, much will depend upon the attitudes of medical educators as well as the social science personnel.

8. What the social sciences should be encouraged to contribute to the program of medical education is an understanding of changes in social structure and social process which impinge upon the individual patient and his needs, upon groups of people and their problems, and upon the medical profession and its practice.

9. One of the basic recommendations of this Commission to medical educators is the inclusion in their program of a study of social situations in a changing society and their significance in human relations and emotional needs.

Incidentally, the problem of the aged in our society was used as an example of the relationship of social change to medicine and to medical practice. This was illustrated vividly, succinctly and convincingly. Equally convincing was a brief report given by Dr. Erich Lindemann, of studies now in progress in which he and others in the department of social relations at Harvard are making inquiries into what roles are assigned various professional groups in the community, with particular attention to the physician.

My own impressions of this topic are *first*, the high quality of industrious scholarship exhibited by the group in the data prepared by them for the conference. I felt that perhaps there was too much material for study in the short period before the conference. A *second* impression is that the group obtained or will obtain through replies from both questionnaires, exceedingly valuable data which, if subjected to critical study, may lead to more

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secure knowledge than we have now of citizens' attitudes toward the changing role of the physician in our society.

A third impression is the need for more systematic studies of the relationship between phenomena of social change in our present society, to that of the incidence and prevalence of mental health and illness. These studies would not only inquire into modern sources of morbid anxiety and guilt but would also be concerned with the changing nature of both individual and social adaptive devices intent on maintaining balance, freedom from disability and health. This, as some of you may know, will require a new type of epidemiologic study and is already the concern of the Milbank Foundation¹ and others. In this regard, one study of great pertinence, not discussed during the conference, is that of Goldhamer and Marshall,² entitled "The Frequency of Mental Disease: Long Term Trends and Present Status"; published privately by the Rand Corporation: "The principal finding is that for ages under 50, there has been no increase in the frequency of the psychoses over the past 100 years. There is some possibility that the psychoses of old age have increased, but this is not very likely. These results do not preclude the possibility of important short term changes in the incidence of mental disorders occasioned by wars, depressions, or other periods of social crisis. Nor do they preclude the possibility of increases in the frequency of the neuroses."

The Student: His Adaptation and Progression

The background data submitted by this group contained, contrasted with the

first group, less material, more restricted in scope, with no opinion sampling or factual survey data being introduced. An interim note of this group's work, dated mid-March 1951, indicated, primarily, interest in and concern with techniques of selection, motivation, aptitudes, emotional health and characterological uniformity of medical students; the effect of school administrative and economic factors on the student.

Two major documents were submitted as background data. The first dealt with "The Atmosphere of Learning for the Medical Student". It considered competition between students and the effects of interdepartmental faculty tensions on students.

The source material for this report was obtained from meetings of the Commission, personal discussion with faculties of various schools, and from the responses of medical students selected at random from the four classes in one medical school.

Dr. Milton Rosenbaum's perceptive comment on the teacher especially merits quotation: "The most important factor favoring an atmosphere for optimum learning is the teacher. The good teacher should be capable of motivating and inspiring the student to develop his abilities to think, to reason and to assume adult responsibility for mature behavior, rather than to concentrate on presenting a mass of factual material for the student to memorize and then to forget. The basic attitude of the teacher should be one in which the student is treated, and dealt with as a mature individual with respect for his dignity and self esteem. The good teacher may be compared with the good father who will allow his student-son to identify with him and whose attitude toward the student is one of tolerance and

¹Milbank Memorial Fund, "Epidemiology of Mental Disorder", Milbank Memorial Fund, New York, 1950.

²Goldhamer, H., Marshall, A. W., "The Frequency of Mental Disease: Long Term Trends and Present Status". The Rand Corporation, 1949, Santa Monica, California.

helpful understanding rather than punitive and authoritarian. The teacher should have enough personal security so as not to be threatened by the student's ability and opportunity to equal or surpass him. The teacher as an individual and the faculty as a group should accept personal responsibility for the student who is floundering or failing and share the problem with the student rather than project all the blame on the student."

The second document is a report on the health and adaptation of medical students as seen by the consulting psychiatrist. It includes a brief review of previously published data together with reports of current and as yet unpublished studies. Of the latter, the most interesting to the reviewer was the work done by Earley and Brosin in the University of Illinois. Previously Brosin³ had written, "Competence to study medicine and to practice successfully involves many organizational properties which are not easily measured, since they are not unitary functions and are related to the more obscure, unconscious aspects of personality. It is desirable to know how well the candidate is motivated, how economically he handles his anxieties under stress, the ways in which he relates himself to people, how much free energy he has for genuine productivity in contrast to neurotically driven competitiveness. We are interested not only in eliminating men who will fail in medical school but in choosing those who will bring the richest gifts to their calling."

In the abstract of the as yet unpublished study by Earley and Brosin, data had been obtained from three classes of entering freshmen, in addition to students from other classes seen for therapeutic

reasons. Unfortunately time does not permit a complete review of their studies. Two quotations may indicate to you the penetrating character of their inquiries:

"Examination of records from those who have top grades does not reveal any characterological uniformity among the individuals. But one common factor is evident, the aspects of ego integrity manifested by accuracy of perception, relative freedom from obsessional concern with small details, freedom from interference of extraneous material and relative freedom from superficial anxieties. We do not mean to imply though, that even gross psychological illness does not appear in this group. We have become shatteringly aware that even psychosis does not necessarily prevent sufficient mastery of text material to put a man in the upper one-third of our classes scholastically."

The second quotation refers to the influence of premedical education. "In addition, we have been impressed with the kind of homogeneous stamp already put on students in premedical studies. They come to us very largely with ready-made conceptions of what the world of medicine is. It seems to us that these concepts become far too strongly fixed in an unchangeable mold in the usual three year stay in premedical curricula. Without passing judgment, we would like to point out these are implanted for the most part by teachers in the fields of chemistry and biology. We hear with high frequency in answer to the direct or implied question: 'Why did you enter medicine?' —'I was always interested in 'science' or 'research', the other catch word. This equation of medicine, not with a healing art, but with the collection of 'facts' which is mistakenly labeled 'science', goes with the fantasy that if just the right number of laboratory tests are available,

³Brosin, H. W., "Psychiatry Experiments with Selection", *Social Service Review*, Volume XXII, page 461-468, 1948.

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all the patient's ills will be cured. This feeling is fostered in our educative efforts and in addition our present methods of selection put a premium on this kind of attitude. Some students use this attitude as a means of denial of more humanistic motivations, possibly fearing scorn or exploitation."

Although very little background data directly referable to premedical education had been submitted, this subject received major emphasis in both small group and plenary sessions. There was general agreement that studies on the problems of selection already completed and in process give assurance that a greatly expanded research program would be rewarding. There was agreement, too, that preprofessional training should include experience in the social sciences and the humanities, in addition to the physical and biologic sciences, and that ad hoc or special premedical courses in the social sciences be discouraged as much as they are in the physical and biologic sciences, thus allowing the student reasonable freedom to pursue his inclinations.

The other two topics which received attention in both small and plenary groups were (1) the process of medical education, the student-faculty relationship, and the problems that face the student throughout his training course as they affect his adjustment to medical school; (2) the impact of psychiatric instruction upon the student, the role of the department of psychiatry in helping the student in his adjustment and the responsibility to individual students and the administration.

Dr. Leo Simmons, a social anthropologist, explained graphically his recent experiences in the New York Hospital. His studies may lead to a more clear-cut un-

derstanding of the possible contributions the social sciences may make to medicine. Studies of this nature may also be of help in designing social science instruction in the premedical period.

My impression of this topic is that it was inevitable that major emphasis was placed on premedical education and on selection procedures. With others, I look eagerly to the results of studies now in process, the study of applicants to medical schools being conducted by officers of your association; and the current surveys of medical and preprofessional education. Interim data from these studies were not available for the Ithaca Conference. Keeping in mind the substance of the first topic, namely, that we are living in a period of considerable social change, and further that the role of the physician, like others, in our society, is changing, may it not be proper to inquire whether change is necessary in the preprofessional and medical training of the student and in the means currently used to select students for admission? There was no disagreement as to the propriety of this question. There was disagreement as to which changes should take place and as to when, where and how they were to take place.

A second impression dealt with the potential contributions of the psychiatrist and the social scientist in the medical school. Traditionally, in his role as physician, and in varying degrees of intimacy with faculty and students, the psychiatrist has been almost exclusively concerned with the diagnosis, guidance and treatment of those medical students who become emotionally disabled in the course of their work and who either come to or are sent to him for help. Up to the present time, with one or two recent exceptions, the social scientist has not been in or near the medical school. Both his

field and his method of operation have been different from the physician in that he has been an observer, not an active participant, of the human comedy and has not been operationally responsible for action. He has not had to relieve pain, to give comfort, to reduce disability.

It occurs to me that the psychiatrist, the psychologist and the social scientist may profitably pool or otherwise share methods and experiences in obtaining data, not only based on retrospective analysis of why students fail or become sick, but in obtaining data as to the nature of the psychologic and social adaptive devices used by successful students; in making systematic inquiries into the nature of group relationships within the medical school; and into the functions and responsibilities of the physician in our society. The psychiatrist, in addition to his diagnostic and therapeutic responsibilities, could contribute his knowledge of genetic psychology to the skills and knowledge of the social scientist. The results of such inquiries would provide a more logical foundation for further study of preprofessional training, selection procedures, and school and hospital curricula.

The Setting: The Medical School As It Exists Today

The group assigned to this topic prepared a summary statement of the background material they accumulated. It included an historical summary of American medical education from its early beginnings in the late 18th century to the present time. It portrayed sequentially the intimate reciprocal relationship between our society and medical education. The historical summary was concluded with the statement, "The most significant contribution to medicine in this century has been the impact of physics and chem-

istry on biology and the introduction of methods of quantitative measurement in the biologic and medical sciences.

"The results of these applications are largely responsible for the increase of the life span today. But remarkable as these contributions have been, have they solved all of our problems; have they, in turn, created new problems?"

The summary then considered current problems in two major categories. The first in terms of general and administrative problems; the second, in terms of teaching methods and curriculum.

General and administrative problems discussed were: (1) supply of physicians, (2) recruitment of faculty, (3) financial status of the medical schools, (4) selection of medical students, and (5) the current military situation.

Under teaching methods were considered the influence of licensing boards, time factor, over-specialization and fragmentation of subject material, influence of research, differences between the first two years and the second two years,—that is, issues which relate to curriculum.

In addition, attention was drawn to current conceptual schemes of biology, to the belief and value systems of the medical school and teaching hospital and to the current contributions of psychology, the social sciences and psychiatry to the medical school.

A central theme in this material relates to the concept of human biology. A quotation from the summary statement follows:

Until recently, man, sick and well, has been studied in terms of the physical and biologic sciences on the one hand and the humanities on the other. With the introduction of psychology and the social sciences in the collegiate premedical period and with the introduction of modern psychiatry in the undergraduate preclin-

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ical and clinical medical years, a change is taking place. As yet there has been no systematic introduction of the social sciences in the undergraduate medical period. If this is to be done, other than through the mediums of preventive medicine, psychiatry, pediatrics, medicine and the other clinical sciences, serious consideration must be given to the selection of what bodies of knowledge are to be communicated, when, where, how and by whom. With the growth of the teaching programs of modern psychiatry in the medical schools and in the university teaching hospitals attempts are being made to modify the mind-body concept of traditional medicine.

A concept of personality has been introduced which offers an escape from the traditional mind-body or the mind-body-soul concepts. As Frank has put it recently, this concept of personality as a dynamic active process which the human organism develops permits us to regard the human being in a different light:

"Today we may regard the human being as, at one and the same time, (1) an organism engaged in functioning in his internal environment through direct intercourse with the geographical environment of nature, (2) a member of society engaged in living within the patterns and prescriptions of his group life and institutions, (3) a culture bearer who has learned to interpret and deal with nature and himself according to the traditions of his group, and finally, (4) a unique personality who carries on, along with other functions, those of maintaining and defending his individualized version of culture and social order. Personality, then, is this uniquely combined interplay of living in different environments which we can begin to understand without invoking any superhuman, subjective, supernatural or other mystical assumptions about man or nature."⁴

Through the emergence of dynamic psychiatry and through the contributions of projective psychology and anthropological studies, further support was given to the hypothesis that man sees his surroundings according to his past experiences, particularly his early childhood experiences.

The interest in the mind-body dichotomy no longer plays a central part in medical philosophy. Instead, the interrelationship of man to his interpersonal environment has become the center of attention. This may be summed up very briefly by stating that it is recognized that man does not develop into a person by an unfolding of his biological genetic endowment alone. He is born with the potentiality for development in an almost infinite number of patterns. He only develops into a person by the assimilation

⁴Frank, L., "Nature and Human Nature". Rutgers University Press, 1951.

of a cultural heritage which is transmitted extra-genetically through the culture's beliefs, ideas, prejudices, teachings, examples and so forth. All individual attributes of personality have to do with the interaction between the given biological endowment and the persons who surround the individual, particularly those who surround him and raise him during early childhood.

A major difficulty in medical education has been an attempt to teach an approach to man that considers that man can be understood exclusively through an unfolding of the genetic biological endowment in a given physical setting. It has, by and large, failed to integrate the interpersonal and cultural influences upon man's development, including his physiological equilibrium and bodily growth. In so doing, it has failed to understand the influences forming the individual person and the impact of the personality differences upon bodily functioning.

The initiation of this approach has come into medicine through psychiatry. It entered into psychiatry through the recognition that emotional distresses of man could be modified through alteration of the stresses of the environment on man or through alteration of the individual's attitude toward his environment. This has led to a closure of a circle in which it is now believed that man's modification of a person's environment or his attitude toward it can appreciably affect physiologic functioning of the individual and of the homeostatic systems within the individual.

The small group and plenary session discussion covered most of the topics abstracted in the summary statement. Certain groups paid special attention to matters concerning the supply of physicians, faculty recruitment, the military situation, and curricular problems of overcrowding and overspecialization.

There was general agreement that through mutual educative processes the medical faculty could obtain a clearer understanding among themselves of goals held commonly by them in the teaching of medical students. It was believed that this must be done by teamwork, with wise and courageous leadership, and that it could not be done by one or two departments alone.

Another issue discussed in some detail related to thinking of the medical school in terms of a culture, that is, in terms of

the beliefs, ideas, prejudices and value judgments of leaders and peers in a common setting.

Most significant to me was the issue which concerns the concept of human biology and the potential contributions to this concept from psychiatry and the social sciences. Previously,⁵ this reviewer has stated: "The functions of medicine are to acquire knowledge and to apply it to promote health, to prevent disease, to free man and to help man free himself from the enslavement of pain and disease and from the equally great enslavement of morbid fear and guilt in order that he can function to his maximum capacity as a conscious, intelligent and rational human being."

It would follow logically that medicine must acknowledge its responsibility to extend to the mind of man and to the relations between men.

Knowledge of the world of things has been accumulated systematically for centuries. Knowledge of the world of per-

sons has been for the most part non-cumulative and based almost exclusively on religious and philosophic ideas. Modern psychiatry and the social sciences have made the beginnings of systematic inquiry into the nature of personality and of culture without the use of supernatural terms.

Tomorrow's doctor cannot deal with man's body in terms of accurate measurement and with man's mind and his social relations in terms of folklore. In my opinion, medicine has not become too scientific, it has not become scientific enough.

May I, in closing, share with you an overall impression I had of the conference. There is evidence to indicate that a number of participants with widely different backgrounds and fields of operation, with few common biases, were increasingly able to exchange ideas and experiences in a mutually profitable manner enabling them to widen considerably their range of interest and knowledge. This matter of communication may have constructive implications for mutual educational efforts within a medical faculty as well as between representatives of different scientific disciplines.

⁵Romano, John, "Basic Orientation and Education of the Medical Student", J.A.M.A., Vol. 143, page 409-412, June 3, 1950.

How Does Psychiatry Affect Medical Education?

General Principles, Content and Methods of Teaching Psychiatry in the Undergraduate Period. Summary presented by John C. Whitehorn, professor of psychiatry and head of the department, Johns Hopkins University School of Medicine.

A commission prepared a heavily documented report containing many statements regarding the content and methods of psychiatric teaching.

The discussions at the conference produced a large amount of thoughtful com-

ment, approximately 300 additional pages, when transcribed, upon this particular topic alone.

I shall not attempt to give you the substance of all this material. The process of double distillation, first by a pre-

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paratory commission and then by conference discussion, did not in this portion produce a clear refined product. The process did not produce a primer of psychiatry, or even a syllabus, although it did serve to bring to light a desire for both. Some fairly concrete materials are now being processed for inclusion in the final published report, but I shall not attempt to condense them further in the brief time available today. It seems likely to be of greater interest and value here to report general impressions and reflections of the conference. You will recognize that these impressions are inevitably somewhat biased by my personal reactions and represent my own interpretations.

First of all, the report of the preparatory commission stressed the point which underlay all the discussions of the conference, that the primary aim was to focus psychiatric teaching in medical school upon the training of good physicians, not specifically of psychiatrists.

One document, consisting of 97 propositions, was submitted, of which I shall give a brief paraphrase on some of the most significant points:

Medical progress has led to a situation in which psychiatry is intimately linked in practice with internal medicine, pediatrics, endocrinology and other fields, not merely with neurology. Hence, integrative teaching with these other departments is a natural and desirable development.

Since the subject matter of psychiatry is largely concerned with the integrative aspects of human biology and the application of organismic concepts, psychiatric teaching can help to decrease the fragmented and unduly departmentalized approach to medical problems.

Psychiatric teaching, by the nature of its case material, must deal with social, cultural and environmental considerations, and therefore provides excellent opportunity for the medical student to have working contacts with related disciplines—social work, psychology, sociology, courts of law, visiting teachers, district nurses, clergy, etc.

Training and practice in interviewing techniques should be provided.

The positive therapeutic value of the patient-physician relationship must be given central emphasis.

The dangers involved in unskilled psychotherapeutic activity must be taught; the student should be given some understanding of the aims and procedures of psychotherapy as done by the psychiatrist, but the undergraduate teaching about psychotherapy should concentrate chiefly on what may be called the general handling of patients—for example, the value of an attitude of respect and acceptance, the avoidance of unnecessary anxiety, etc.

Medical education can help the student to integrate diverse medical concepts. For example, the concept that cellular pathological changes lead to clinical symptomatology, is not contradictory to the concept that emotional conflict may lead to clinical symptomatology, but a working grasp of such diverse principles, in a balanced perspective, requires well-balanced teaching.

Teachers of psychiatry in emphasizing the need to consider psychological factors, should not base that emphasis on a devaluation of the contributions of bacteriology, cellular pathology, etc.

The learning of the psychiatric contribution to medicine involves a process of slow assimilation of material that has difficulties and subtleties, and involves not only intellectual understanding but also emotional processes (mobilization of anxiety, empathy with patient; growth in maturity of the student, etc.); therefore, the teaching should be spread over the four years of the medical course, with a variety of teaching sessions.

These propositions, as quoted or paraphrased here, provide samples which I think are representative of the topics and the opinions on which there was fairly general agreement in the conference.

When one reflects upon these propositions, and upon the more detailed transcripts of the conference discussions, it becomes clear that they do not penetrate very deeply into the actual content and principles which form the solid substance of psychiatric instruction, in those schools which have a well established program in psychiatry. I report this fact with regret, because I think it would have been a very constructive step if the conference

could have reached some consensus of judgment in regard to the substance of psychiatric teaching, but you can readily understand that the conference was not well designed to reach conclusions in that matter. Less than half the membership of the conference were psychiatrists. That arrangement had been made deliberately for the primary purpose of keeping attention focussed upon the *student* and the integration of his educative experiences.

Insofar as the content of psychiatric instruction did come up for consideration, and did elicit comment, it was possible for one to form some opinions as to underlying attitudes. It appeared clearly evident to me that the group of medical educators who constituted the conference looked upon the teachers and practitioners of psychiatry in a favorable way, as a very beneficial and constructive influence in a medical center engaged in the development of a superior type of physician. I did *not* get the impression that *psychiatry* was accorded the same respect as was expressed for *psychiatrists*, by which I mean to say, that as a body of knowledge and a set of working principles, psychiatry was still regarded with reserve, perhaps even with a little suspicion. There was an occasional note of pleased surprise at finding that psychiatrists, at least some psychiatrists, could be quite sensible participants and leaders in a discussion of the general problems of medical students and of medical schools. The occasional note of surprise on this point, while momentarily disconcerting, was not really disturbing because it was, as I say, just occasional, not regular.

It appeared to me, further, that the basis of respect for the role of *psychiatrists* in medical education lay primarily in a respect for the skill and wisdom of

particular selected psychiatrists in dealing with patients as persons, and in helping students to learn to deal with patients as persons. It was the contribution of psychiatric teachers, as *clinicians*, to the development of the medical student's clinical skills and attitudes which appeared to be most appreciated. In line with this thought was the heavy emphasis upon *integrative* teaching and the role of the psychiatrist in developing skillful attention to the emotional and social aspects of medical problems.

Now it so happens that my observations over the years have led me to think that skills and attitudes, deeply significant as they are, are an insufficient foundation in medical education. The current generation of first-class psychiatrists, whose skills and attitudes form such a valuable and highly appreciated asset and resource in medical education, would not, I think, have reached this superior level as clinicians without the very great improvement in psychiatric knowledge and theory developed during the last half century, and I think further that medical students will not reap the proper benefits from psychiatric teachers by mere osmosis. There are fundamental psychiatric principles and formulations which need to be taught now, which in some schools are being taught now. The students should also be alerted to the probable sources of further enlightenment by which, as medical practitioners, in the future, they can continue to improve their medical practice as further progress is made in psychiatry.

As I have re-examined the transcripts of conference sessions, it has seemed, by the evidence of certain comments and certain tacit agreements, that the psychiatrists, also, in considerable numbers, shared in the relative evaluation which places psychiatric skills and attitudes

above psychiatric principles and formulations, as beneficial formative influences in medical education. Perhaps that proposition is, in itself, only a special case of one of the most fundamental psychiatric principles, namely, that the direct influence of one person upon another is more educationally significant than the verbal communication of ideas.

But there is more that needs to be said. I have had students tell me, in effect, "I understand, now, Doctor, that the patient is a person. I have been told in a number of courses, to treat the patient as a person, and I have been shown in demonstrations and interviews some ways in which the patient's personal reactions come into the clinical problem. It looks as if there is something important here for doctors. But where do we go from here? Tell us more about this interesting matter."

As an individual teacher, I share very keenly in this attitude, believing that there is an opportunity and an obligation for systematic instruction in specific psychiatric principles and theories. But we seem not to have achieved a sufficient consensus regarding such principles, and there is a great deal of individualism in this aspect of psychiatric teaching. We do not have a suitable text book of the basic principles of personality for medical students.

One of the group discussions at the conference gave considerable attention to the basic science aspect of psychiatric teaching and produced the following statement:

Psychiatry—is it a basic science? It was agreed by all that the study of *psychodynamics* could be considered in the same category as the study of a basic science. Those who considered psychiatry a clinical skill rather than a basic science seemed to accept this resolution of the problem. A specific working hypothesis was presented as follows:

"The stresses to which man is exposed include

assaults by many living forms that invade as parasites; by meteorological and climatic crises; by mechanical, electrical and thermal forces; and by noxious substances in the chemical environment.

"But, constituted as he is, man is *further vulnerable because he reacts not only to the actual existence of danger, but to threats and symbols of danger experienced in the past*, which call forth reactions little different from those to the assault itself. Because of its magnitude and duration, the adaptive-protective reaction may be far more damaging to the individual than the effects of the noxious agent per se. (In other words, man's reaction patterns can themselves become noxious influences, producing distress and disability.)

"Also, most important, man is a tribal or group creature. The individual has a long period of dependence and development. He is dependent for his very existence upon the aid, support and encouragement of other men. He lives his life so much in contact with others and in such concern about their expectations of him that he is jeopardized as well as supported by his fellows; indeed, he may feel more threatened by cultural and individual human pressures than by other environmental forces. He must behave acceptably as a member of his group, and yet he is driven to fulfill his own proclivities. These social and biological pressures and the conflicts they engender are ubiquitous and they create a large portion of man's stress."

The above formulation led to a discussion of the undesirability of presenting psychiatry to the student without clinical relationships. I quote further:

Several experiences were presented which illustrated the students' rejection of material which did not have rather close and obvious clinical relevance. The group recommended that the conference go on record as favoring in principle, when facilities and personnel permit, the introduction of active clinical experiences for the undergraduate medical student as early and as fully as possible. Members of the group expressed the belief that when clinical teaching is introduced during the first two years of the undergraduate curriculum, the faculties of basic science departments will accept these changes when there is a positive emphasis on the advantages which will accrue to these teaching departments through close integration.

Although this conference which we are now reporting did not produce any primer of basic psychodynamic principles, upon

which agreement could be expressed (or denied), there is another conference on the drawing board, concerned with graduate training in psychiatry and there is in the plan a commission on psychodynamics, whose task is to explore and formulate areas of agreement and disagreement regarding psychodynamic principles; and they may perhaps be able also to point out significant lines of research in this field, for the clearer validation of principles. If fruitful, the results will of course be valuable in orienting undergraduate teaching.

In the published report of the proceedings there will be selected materials representative of the content, form and teaching practices in some of the medical schools.

In the comparison of experiences regarding methods of psychiatric teaching, it was apparent that there was considerable diversity of pattern, a situation which the conference considered appropriate because of the rate of growth in the field, which makes it undesirable to limit experimentation, and also because of the different sorts of resources in the way of men and facilities in different medical centers.

Two general tendencies were, however, very clear:

First, provision is being made, or striven for, to teach psychiatry, either as "basic science" or as clinical skills, in all

the years of the medical course. The general pattern appears to be (1) some general orienting lectures and/or discussions presenting the patient as a person, the nature of personality, and the development of personality through stages of social emotional maturity; (2) basic instruction in interviewing and other methods of studying personality, either in combination with the general course in history taking, or independently, or both; (3) clinical clerkships with in-patients and out-patients as the chief method of developing familiarity with psychiatric problems and psychiatric aspects of medical problems; (4) clinical discussions or seminars for the discussion of particular cases or particular topics.

The second general tendency noted was the growing extent of integrative teaching, in combination with other departments of medical schools, and even at times in combination with departments in other schools of the university. It seems significant that the social aspects of medicine are receiving particular emphasis in many of these experiments in integrative psychiatric teaching.

In conclusion, I wish to make one more quotation, from the report of one of the discussion groups:

"Psychiatry is not a panacea for all the ills, either of the patient, or of medical education."

Administrative and Integrative Patterns of Medicine

The final discussion of the Conference addressed itself to such questions as, "What are the more favorable or better administrative arrangements for effective learning by the student?" and "What kind of faculty organization and activity facilitates good psychiatric teaching?" This summary was presented by Carlyle Jacobsen, executive dean for medical education, State University of New York.

You may like to see yourselves as others at this Conference saw the dean. The following material is quoted from the final summary of group discussion concerning qualifications and qualities desired in a dean (one dean, on reading this list, was known to have remarked modestly: "My personal experience convinces me that no one individual can possibly carry out all of the above effectively").

The general development of favorable integrative and administrative curricular patterns for effective psychiatric teaching involves the following:

A full-time dean who, in addition to his administrative work, is qualified and has time to do some teaching. A dean who has come up through the ranks of the medical school faculty is preferable. He should have outstanding ability, not only in the field of medical education, but also in the field of medical service, and if possible some phase of research. The dean should have a forceful but adaptable personality and should be one who can be articulate in public.

It was felt that the dean's function should concern the following:

1. The selection and promotion of faculty members.
2. The development of general policies that have definite purpose and that are at all times consistent with this purpose.
3. The representation of the medical school to the community.

4. The representation of the medical school to the university administration.
5. The selection of students.
6. The maintenance of balance between courses, and determination of their relative importance.
7. Attendance at meetings that are of importance to the school.
8. Responsibility for ancillary training programs.
9. The establishment and maintenance of 'esprit de corps'.
10. Liaison with the alumni.
11. Principles of faculty-student relationships.
12. The determination of the general policies for the handling of students.
13. The entertainment of official visitors.
14. The relationships with other medical schools.
15. The overall responsibility for the teaching hospitals, so as to coordinate patient care, teaching, research, and public relations.
16. Minimal but real contact with the students. This is best accomplished as a teaching member of one of the school departments.
17. Community leadership.
18. Develop, secure and maintain an adequate budget.

For our purposes let us direct attention to the sixth item of the catalog; namely, the balance between courses and determination of their relative importance. Since the conference did address itself to the question of "How is undergraduate psychiatric teaching to be brought into proper focus and into good effective relation with other areas of undergraduate medical education", it is pertinent to report their recommendations on this question.

It was agreed that the first step in integrating psychiatric teaching into the

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medical curriculum was to determine the degree of psychiatric competence to be expected of the graduating senior medical student. The Conference was of a mind that much of psychiatry should be taught in cooperation with other departments and that such teaching should cover these areas:

1. Psychiatric aspects of illness, particularly as they pertain to etiology, perpetuation and consequences.
2. Understanding of the emotional aspects of etiology and of the complaints of the general medical patient.
3. Growth and development (especially in co-operation with pediatrics).
4. Reactions to social and personal milieu.
5. The prevention of emotional disorders and the promotion of optimal adjustment.
6. The physical and general biological aspects of psychiatric disorders.
7. The alerting of students so that in their practice they will anticipate the hazards of increased stress (menopause, sickness and death in the family, etc.).

It was further agreed that much of the perplexity and problem of integration was diminished if psychiatric teaching was patient centered, built around programs of patient care and patient service. When this approach was used then, from the students' point of view, psychiatric knowledge more readily found its place and was more effectively integrated into the students' general medical knowledge and skill.

One might well interject at this point, "Are departments of psychiatry necessary?" This question was considered by the Conference and answered in the affirmative, an answer supported by the observation that certain areas of psychiatry do not lend themselves to *inter-disciplinary teaching* and, therefore, must be taught as basic psychiatry. The department of psychiatry, therefore, should take

major responsibility for teaching in the following areas:

1. The "how" of mental function.
2. Dynamic and clinical psychotherapy.
3. The techniques of psychiatric diagnosis.
4. The development of concepts and procedures in the field of psychiatry.
5. The recognition of the major psychotic reactions.

The Conference touched on another aspect of integration, as seen from the position of the faculty. It was felt that one of the major responsibilities of the dean was to facilitate and make easy inter-disciplinary communications. The value of faculty and departmental committees for this purpose was recognized and it was emphasized that participation by younger staff members on such committees was highly desirable and effective.

Another suggestion that was made is worth quoting: "students should be given opportunity to make criticisms and suggestions regarding any phase of medical school or hospital activity important to their education and welfare."

In summarizing the discussion of this last topic of the Conference, Dr. Ward Darley, chairman of the preparatory commission on Administrative and Integrative Patterns of Organization, offered the following observations: "My general reaction was that the discussion pointed up problems rather than offered detailed ways and means for their solution. It is my feeling that the pointing up of problems needing solution and further consideration may well prove to be one of the principal accomplishments of this conference."

These unresolved questions and needs will be treated in the final report of the Conference. (Available approximately June 1.)

Teaching the Psychological Approach to Everyday Medical Problems

Marc H. Hollender

James A. Galvin

An important area of instruction for the general practitioner and specialist is the psychological approach applied to the everyday problems of medical practice. The authors describe a method for such instruction, employing a question and answer technique to sample situations.

The teaching method described here is designed to supplement clinical and didactic instruction in the evaluation of the patient, and in the various types of psychiatric treatment.

Actual situations which the general practitioner and the specialist meet in daily practice are presented to our students. These serve as the basis for questions and discussion.

The following are examples of the situations which we ask the student to consider:

1) You receive the following request: "Doctor, my husband will be in for a checkup. He's been drinking too much lately. Suppose you throw a scare into him—tell him he has a heart condition—so that he'll quit drinking."

2) You are going to do a tonsillectomy on a five-year-old boy. His mother asks if it is all right to tell the boy that she is going to take him to a party so that she won't have any trouble getting him to go to the hospital.

3) A 30-year-old woman, childless during ten years of marriage, comes for advice about adopting a child. She frankly has mixed feelings about it. You know

that she is extremely perfectionistic, especially in her house work. Her home is a show place devoid of any "lived-in" quality. She finds it hard to relax and most of her friends consider her very high-strung and nervous.

The first situation will be used to illustrate the teaching procedure. The students are asked to disregard any consideration of medical ethics for the purpose of this discussion. Questions based on the situation (example No. 1) are then raised. These include: a) Should you go along with the wife's request? b) If you should not, why not? c) What do you tell the wife? d) Do you give the husband a lecture on the dangers of drinking? e) What should you do?

All the students, in a small group (not over ten), are given an opportunity to express their viewpoints. The students at the University of Illinois College of Medicine receive 12 hours of this type of instruction during a six-week period in the psychiatric clinic in their senior year. They are assigned in groups of eight and they spend five half-days a week in the clinic. The questions are taken up one at a time. The instructor concludes each discussion by adding to the answers or by summing them up. Whenever possible he presents reasons for his answers.

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These reasons are based on a knowledge of psycho-dynamics. He also refutes incorrect answers. For example, he should state why it would be unwise to go along with the wife's plan in situation No. 1. He explains that a dishonest statement to the husband may undermine the doctor-patient relationship. If the patient is told that he has heart disease, his anxiety may be intensified and his need to drink may become greater than ever. He may stop drinking for a time, but after a while the urge may become so intense that he will not be able to withstand it. At this point he may begin to drink again. He does so, however, with increased anxiety because he believes that he is killing himself. It takes an additional amount of alcohol to quell this new tension. Moreover, in some instances a cardiac neurosis may be superimposed upon the disturbance which already exists.

Whenever possible, principles are extracted from the discussions. In the example used here, the following are three of the principles which apply:

- a) If you cannot relieve a situation, be sure that you do not make it worse.
- b) Whenever possible focus on the underlying cause rather than the symptom.
- c) Do not use a threat in an effort to remove a symptom unless you do something to relieve the underlying pressure which has produced the symptom.

This course of instruction is not designed as a cookbook-recipe type presentation. Its purpose is to stimulate medical students to think about important everyday problems. The dangers of offhand or ill-considered answers are clearly demonstrated. Formalistic statements of psychological principles, in the jargon of any school of thought, are avoided. An effort is made to help students realize that psychiatric concepts do not apply solely to a very special and unusual organism, the "psychiatric patient", but to all human beings.

The prime function of this program is to further the development of a psychologically sound approach to everyday problems in medical practice.

Medical Education and Magnetic Sound-on-Film

David S. Ruhe

The magnetic strip on single sprocket film may well prove to be the most important development yet devised as an audiovisual teaching aid. Its importance to medical education is especially significant. This article presents basic facts, figures and relevant information.

Medical teaching will be one of the principal beneficiaries of the latest technologic milestone in 16 mm. films, the achievement of magnetic sound-on-film. It is significant that the medical applications of magnetic sound were specifically singled out by one manufacturer when he released his original promotional literature, and are mentioned prominently by all others.

Motion picture engineers have now mastered the technique of applying a permanent thin stripe of magnetic iron oxide coating to the unperforated edge of sound motion picture film stock. How important to medicine this magnetic sound-on-film will become is still a matter of prophecy. However, this is clearly a revolutionary development awaiting only the active field demonstration of its range of teaching applications.

Four projector companies have already come out with 16 mm. recorder-projectors which are capable not only of recording and playing back the new magnetic sound, but are also fitted for the usual optical sound system play-back. Other companies are rushing to complete their equipment and services for the market.

The record of performance of the new sound is excellent. Magnetic sound de-

livered from these projectors is equal to the best 35 mm. sound-on-film in quality, e.g. it is better than 16 mm. black-and-white optical sound, far better than 16 mm. optical sound on color stock, and superior to commercial disk recordings. Moreover, the magnetic iron stripe will outwear the film to which it is applied. A single recording can be played indefinitely, wiped and re-recorded, in whole or in part, at any time. Quality, durability, flexibility; these factors make magnetic sound-on-film certain of wide application in medical education.

The Medical School Faculty and the New Magnetic Sound

The new sound-on-film is an answer to deep-felt faculty needs. Particularly it fulfills the desires of those instructors who are audio-visual enthusiasts, but who have despaired of using more than a small percentage of the presently available motion picture material. According to recent data, the best medical school teaching is perhaps only a year or two behind the newest conclusions of medical research. Therefore, alert medical school instructors are peculiarly sensitive to small and large factors of obsolescence in motion pictures offered for their use. Since many of these outdated elements are in the sound tracks, it is good now to be able

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to alter the obsolete sound tracks at will.

For the large percentage of medical school faculty members who are strongly stimulated by their student contacts in the lecture room, magnetic sound answers the needs of their individualism, yet permits them to seek the help of others. With magnetic sound, the visual messages of others can be borrowed to carry a personalized verbal accompaniment. Magnetic sound is the willing slave of the individualistic instructor, ready for his best efforts.

The Implications of Magnetic Sound in Medical Teaching

Magnetic sound will have a great impact on medical school motion picture production, distribution and utilization. Current practices will be altered. New personnel will emerge as audio-visual contributors. There will be a chain reaction whose implications can now only be speculative.

Production: In medical schools and medical centers, film production largely consists of making silent photographic case records of surgical procedures and rare clinical cases. These films are usually produced without any special regard for the unique language of the motion picture medium. Most of these films are then projected as originals, and never have prints struck from them. All of this kind of film can now be made on single-perforated sound stock rather than on the usual double-perforated silent stock, in order to utilize magnetic sound later, providing the author wishes it. Films produced to report research, or films selected from research cinematography to become reports, can gain much by being shot originally on single-perforated stock. After editing, a magnetic stripe can be

added before the film is presented at scientific meetings to trained specialist audiences. The cost of magnetic iron striping will be somewhat less than the titles of a silent film, will make the film more compact and will gain precious minutes in projection time.

Most of the so-called "teaching" films currently produced are patterned after the design of classroom illustrated lectures. These "teaching" motion pictures can now be originally produced on sound film stock, so that a series of improved trial narratives in magnetic sound are possible before optical sound recording is undertaken. Each film can, therefore, first be developed as a relatively inexpensive "blueprint," to be tried out extensively before a costly common denominator teaching film is undertaken for possible national or international use.

Distribution: The application of an unrecorded blank magnetic half-stripe to optical sound films might well become routine with certain types of films, wherever frequent alteration of the narration is anticipated. On the other hand, two recorded narratives, one optical and one magnetic, are very possible for two different audience levels or for two different languages or dialects. Double recordings will be desirable in certain special cases, for example in films to be used abroad. Films will begin to appear in distribution channels with both optical and magnetic tracks, the latter either blank or recorded.

Magnetic sound will quickly make all silent titled films obsolete. Sound striping costs so little that the valuable teaching time saved by elimination of titles more than compensates for any expenditure. In addition, where films have many prints

struck off from the original, the cost of the kodachrome film stock for titles alone is very considerable. The cost of sound striping will quickly be more than amortized by the great reduction in descriptive titles.

Utilization: The key to optimum use of films in the classroom is ownership, whenever that is possible. Films owned by schools or departments may be manipulated and altered at will and may be edited to suit the particular needs of instructors.* Magnetic iron striping will permit modification of the narration to fit the several audience levels encountered in the medical center. For example, certain films whose content is of a fundamental nature may well be shown to nurses, medical students, practitioners and specialists in training, in each case with a strikingly different level of narration, and of course presented in different teaching context. Dr. Joe E. Markee, professor of anatomy at Duke University School of Medicine, has used this procedure extensively with his films in gross anatomy.

The Nature of Magnetic Sound-on-Film

Sound tape recording is a very familiar amateur and home procedure, but learning how to apply the same magnetic iron oxide coating to 16 mm. motion picture film base, in a thin strip at one edge, has not been easy. Now, new coating processes permit application of the iron oxide and its bonding substance both to the base and emulsion sides of film stock. In sound film stock, iron oxide can be applied from the margin of the picture frame to the edge of the film, a 100 mil. magnetic stripe, or in a half-stripe, from

the edge of the film inward to the outer edge of the optical sound track area. This permits preservation and optional use of any existing optical sound track. One company (Reeves) will apply a quarter stripe, from the sprocket holes to the film edge, identical with the "balancing stripe" which that company applies to the opposite edge.

The magnetic iron coating, once applied, performs as in the familiar tape recorders. It is permanent, outwears the film, can be played indefinitely, or electrically wiped and re-recorded, in whole or in part, as frequently as may be desired.

The magnetic process in all the new recorder-projectors is now able to record and play back at 16 frames per second as well as at the usual 24 frames per second, with acceptable sound quality. This means the preservation of many old films. Also, wherever it is indicated, new shooting at 16 frames means a saving of 33% of film stock in prints and originals. With expensive kodachrome this is always an important item.

Magnetic sound tracks can be machine duplicated on prints, if this is desired, but present costs are relatively high. The advantages of magnetic sound quality are not yet matched in the costs of duplication. However, it is expected that practical solutions to this problem will be available within a year, at an individual print cost about equal to photographic printing.

It should be recalled, in passing, that tape sound recording is of high quality. Professional motion picture studios now use it in their primary sound recording, before re-recording on film produces optical sound tracks for the composite release prints. Professional magnetic sound equipment is available from such com-

*Buy Them and Edit Them, publication scheduled for The Journal of MEDICAL EDUCATION, Vol. 27, No. 4, July 1952.

panies as Rangertone, Fairchild, Ampex, RCA and Stancil-Hoffman.

Magnetic sound for 8 mm. film is in process of commercial development. When delivered, it will necessitate an important revaluation of the role of 8 mm. film in teaching. The existence of easy and flexible sound will demand better engineering of 8 mm. cameras and projectors; at present, mechanical obstacles obstruct their potentially wide use in education. Then, the lower costs of 8 mm. prints and storage will be very persuasive selling points. However, well-engineered 8 mm. projectors may not be much different in cost from the present 16 mm. instruments. Cost, after all, rests primarily in the industrial controls required for precision engineering.

The Equipment and Services for Magnetic Sound-on-Film

In order to enjoy the advantages of the new magnetic sound, the proper cameras, film, striping, and projectors must be used.

Cameras. A double-claw film pull in cameras can only accept double-sprocketed silent film stock for exposure. For example, magazine-loaded film is all double-perforated. However, originals taken on this silent stock may readily be printed on single-sprocketed sound film stock, and the magnetic iron stripe can then be added. Cameras can be purchased with single-claw film movement which will accept sound film stock for original exposure. The Bolex H-16 has for years been convertible to a single-claw model in order to take single-perforated stock, and the conversion cost is moderate. The Bell & Howell Model 70-DL will accept both single- and double-perforated stock; factory conversion of older models is

simple and cheap. The Ciné Kodak Special II of Eastman Kodak Company has been designed to use single-perforated film. The Keystone Manufacturing Company plans similarly to adapt its 16 mm. cameras. Other manufacturers are planning to follow suit soon. New cameras are being designed to accept both types of film. A magnetic recording camera, which uses pre-striped negative film, is another development for the near future.

Film. If the exposed original is to be used for projection (a common practice in author-made surgical films), then single-perforated camera stock is a must, to provide the subsequent advantages of magnetic sound. If prints are planned from the original color or black-and-white (negative or reversal), the advantage of single-perforated originals rests only in the risky use of the original as a possible trial film, with a test narrative in magnetic sound. Otherwise double-perforated film is desirable, if not essential.

Single-perforated film stock is as abundant as any film may be in this time of enormous demand. It can be purchased from Eastman, Dupont, Ansco, and Kin-O-Lux, at about 6c per foot black-and-white, and 12c per foot kodachrome.

Magnetic Sound Striping. Magnetic sound striping is ordered and purchased either in full or half stripe, at this time from two companies only. Reeves Soundcraft Corporation offers a service called Magna-stripe which has a 25 mil. balancing stripe on the opposite film edge. Reeves is the only firm to offer a quarter stripe applicable to silent films on double-perforated stock. Although the present projectors cannot utilize this striping, a suitable projector is in process

of development. Bell & Howell Company offers their process called Soundstripe. Eastman Kodak Company plans to offer a similar service. Minnesota Mining and Manufacturing Company, of St. Paul, Minn., pioneers in tape sound recording, have been engaged in intensive research and development, and shortly will announce their services in film striping.

Ten days to two weeks are required for processing of film.

Projectors. The new projectors are standard all-purpose 16 mm. sound projectors, to which there is added a recording and playing head for magnetic sound. The necessary recorder input permits voice recording on the magnetic stripe through a microphone. Bell & Howell Company offers mixing of voice and effects such as music, via a special phonograph. Victor's Magnasound Kit permits addition of background effects, as does the Ampro test instrument.

With the exception of the Victor instrument (see below) old optical sound projectors cannot be converted cheaply to magnetic sound. New projectors are very scarce as yet, and have been ordered in volume by certain big purchasers. It will, consequently, be some months before magnetic sound projectors are readily available. Present trade-in values of old projectors are high. Future trade-in prices are speculative.

16 mm. arc projectors can be adapted for magnetic sound with the addition of new sound heads.

Practical Notes

1. *Magnetic recording on film taken at 16 frames per second.* First, film to be magnetic-striped should be projected at 24 frames per second. If the film action is not disturbingly accelerated—it rarely is—you can record at 24 frames per second. However, if 16 frames per second is to

be the projection speed, it is possible to get acceptable sound from the magnetic stripe. A lead title should indicate that the film was taken and recorded at 16 frames, for the convenience of others who may use the film.

2. *The half stripe vs. the full stripe.* It is probably worth while to preserve all existing optical tracks, particularly since it is always possible to switch back and forth from optical to magnetic sound in playback. In any event, the sound quality of the half stripe (which preserves the optical track) is equal to that of the full stripe. The only real difference lies in the volume which can be obtained with full stripe recordings; and the difference of some 6 db. is not meaningful under ordinary classroom playback circumstances.
3. *Miscellany.* Once coated on a film, the magnetic stripe is virtually impossible to remove. If, by chance, a full stripe is laid over an optical sound track, optical sound is lost for all time.

A "balancing stripe" is a special attribute of the Reeves service. It is applied to the perforated edge of the film, and is purported to prevent uneven drying of the film during its aging. Contraction of the non-coated film edge in unbalanced films may tend to slight blurring on one side of the frame, and to uneven winding on take-up reels.

Editing of a film which has previously been magnetically striped is easy and produces no problems of playback or recording. The splices create no problems of sound.

Coating of a stripe over an emulsion surface, as is necessary in duplicate kodachrome prints, presents some difficulties whenever heat and humidity are severe. Although both Bell & Howell and Reeves can and do coat onto the emulsion, the bonding in this case is far less reliable. However, an instrument will soon be ready which will remove a strip of emulsion ahead of the magnetic coating.

It is quite feasible to stripe a film magnetically *before* exposure of the emulsion. The magnetic iron oxide compound will pass through all regular photographic developing without alteration. However, although the iron oxide is unscathed, there may be dangerous contamination of the developing fluids.

Companies, Equipment and Services

For convenient reference, it will be helpful to summarize information concerning the manufacturers of the magnetic sound systems and service, with guide prices.

1. *Reeves Soundcraft Corp.*, 10 East 52nd Street, New York, N. Y., were the first to offer a commercial striping service called Magna-stripe, at a cost of $3\frac{1}{2}$ ¢ a foot, with a minimum order of \$5. Magna-stripe is procurable in full, half and quarter stripes, with balancing stripe. Ryder 16 mm. Services, 1161 North Vine Street, Hollywood 38, Cal., offers Magna-stripe service in the west. Reeves has had two and one-half years of experience in this special field.
2. *Bell & Howell Company*, 7100 McCormick Road, Chicago 45, Ill., has introduced its optical-magnetic recording projector, the Filmousound 202, at \$699. This new projector is an all-purpose unit that records and plays back magnetic sound at either 16 or 24 frames per second. Both the magnetic head and the optical mirror are mounted on a single drum for convenient inter-use of the two systems. The unit can also be used as a public address system and as a regular magnetic recorder. A separately cased 12 inch speaker is available. The special phonograph costs \$49.50. Factory conversion of Model 70 series cameras costs \$15.95. Sound-striping at $3\frac{1}{2}$ ¢ per foot completes the rounded services offered by the company.
3. *Ampro Corporation*, 2835 N. Western Avenue, Chicago 18, Ill., will soon have its new Ampro 16 mm. Magnetic and Optical Sound Recording Projector on the market. This unit has such features as complete flexibility between magnetic and optical sound; both are capable of being played back in any sequence on the same film without switching. Mixing facilities comprise remote control of monitoring headset, turntable, and V.U. meter. A specially designed speaker and baffle permit matching the high quality and wide frequency response obtainable with magnetic sound. The magnetic head is conveniently mounted for easy adjustment.
4. *Radio Corporation of America*, Camden, New Jersey, introduced its Model "400" 16 mm. magnetic projector in July 1951, which also combines both optical and magnetic sound systems. The RCA "400" is a compact, well-engineered unit that offers high quality sound, flexibility and operating convenience. Specially adapted from the familiar RCA Senior "400", the model can be used for both magnetic and optical sound, and can be adapted as a public address system. It can record and play at 16 frames per second. Sound mixing facilities are not available. Cost: \$850.
5. *Victor Animatograph Corp.*, Davenport, Iowa, has developed the Magnasound Kit, designed to convert Victor 16 mm. optical sound projectors to magnetic use as well. To accomplish the changeover, the optical drum is removed and is replaced by the magnetic head, which is then connected to the amplifier and control panel. This changeover is simple and can be accomplished by following the company's directions. The Magnasound system is easy to operate and permits the use of both radio and phonograph for background sounds. It is obvious that the Victor instrument is an either-or operation, without the ready interchange of optical and magnetic tracks. The kit, complete with panel, recording head, leads and microphone, is supplied in its own separate case, and is priced at \$195.

There will be periodic announcements of new equipment available from other manufacturers which will expand the choice of the medical teacher. New service agencies and laboratories will offer magnetic striping of newer and probably improved types. Before purchase, demonstrations for comparison of the various units is wise. Each instrument has certain advantages and shortcomings which can only be seen in operation. Try before you buy.

An ABC of Principles and Procedures

There are simple steps to take in the practical production and utilization of magnetic sound-on-film. The steps of procedure, the principles of each step, and the pitfalls or alternatives can be stated for the convenience of medical instructors.

The instrument. Exploration of the teaching possibilities of 16 mm. magnetic

sound begins with the acquisition of any make of recorder-projector.

Editing and magnetic striping. If old original films are to be given a magnetic sound track, they should be viewed, re-edited, and unnecessary titles deleted. All new films can subsequently be prepared specifically for magnetic sound use.

1. If the films are for personal use only, and prints will not be made later, the newly re-edited film can be sent promptly to one of the sound service laboratories for striping, at $3\frac{1}{2}$ per foot.
2. If the originals are to be used for trials with sound, with possible later prints from these originals, magnetic striping will create new problems, requiring knowledge and careful handling. An original with magnetic sound on it used as a printing master will be printed either by contact or by optical methods, according to which side of the film has received the 6 mil. thick iron oxide coating. Your magnetic service laboratory will order prints for you processed in the correct fashion. Ask their advice if in doubt.

Preparation of the narration. When the edited, magnetic-striped film has returned from the laboratory, it should be carefully studied during projection, while a recording narration is written, scene by scene.

Several general principles guide this preparation of a suitable and effective narration, in order to assure its clean linkage with motion pictures.

Principle 1. The pictures are the key, the words only the fortification and amplification of the visual message.

Principle 2. It is better to talk too sparingly than to fill the sound track with words that are superfluous to the pictures. The sound motion picture is primarily a *visual* medium, very secondarily an auditory one.

Principle 3. Speak directly to the pictures in order to avoid psychologic confusions. Whereas in writing the custom is to give a general statement first and to follow with specific facts to validate the generalization, in narration the procedure is reversed. *Speak specifically about what is actually seen on the screen, and, if there is time, derive generalizations afterward.* In other words, guide your narration by the pictures. Failure to link words and pictures closely will create a problem of perception and learning called "dissociation of sensory stimuli". What is not seen will rarely be recalled from the sound track. Titles can easily supply completely missing materials. Or, since teaching films are generally used to support verbal presentations, the teacher who uses the film can add the non-visual data before or after projection, by means of slides or a blackboard.

Principle 4. Use words as pointing devices, words carefully timed to point out actions occurring on the screen.

Mixing of music and effects. If effects and music are to be mixed with the voice, these must be carefully planned and timed. In general it may be stated that music is ill-advised and intrusive in professional classroom and staffroom teaching films. Other effects, such as heart sounds, breath sounds, etc. must be very carefully handled for authenticity and synchrony, lest they become merely irritating and confusing in the combined visual-auditory learning process. In gen-

eral, sound effects should be cautiously used, if at all.

Preparation for recording consists of threading the film for projection, with the magnetic head switched to recording position, the microphone plugged into its socket, the room arranged to shut off all unwanted sound.

In the *process of recording*, the narrator, who may be the author or teacher, or some proxy for either, speaks into the microphone as he reads the prepared narration, or as he ad libs from prepared notes. If he fluffs a line, reconsiders an expression, overruns a sequence, the recorder permits reversal and playback of that portion of the narration which must be wiped and re-recorded. In the Bell & Howell instrument, for example, only 2 frames separate the wipe from the recording point. With practice a single word can be erased and a new one recorded. To be sure that, after an erasure, you will not wipe off a portion of the sound track you wish to keep, check your type of instrument for the proper precautions to take. The Bell & Howell recorder automatically switches to "neutral" position when the machine is stopped; the "record" button must be pressed each time in order to wipe off a segment of the magnetic track ahead of a new bit of narration.

Testing of the new composite can begin with an immediate playback. One of the great advantages of magnetic sound is this immediate availability which cuts out the long waits for laboratory processing. The new sound film can then be shown for comment to test audiences among the staff or students. If the subject matter warrants, the film can be sent to disinterested critical audiences for their

candid judgment. All films made for wide use should be subjected to the acid bath of neutral viewpoints.

Projection of the new magnetic sound film proceeds as with any optical sound film, except that the magnetic sound head is switched to "play" position. Sound quality and volume are as good as the available speaker will permit, since the magnetic sound has a greater quality potential than the speakers. Power speakers may be necessary accessories for large rooms and audiences.

Summary

16 mm. recorder-projectors with magnetic sound have arrived in the open market. 16 mm. film of all types may be quickly and conveniently striped with magnetic coating to feed these instruments. Narration can be prepared and recorded wherever the recorder-projectors are available. All the familiar advantages of tape recordings are preserved in this coating of film stock. Utilization of films of all kinds now may become individualized but also adapted to the instructor and his special audience needs.

Magnetic sound will discover the true teachers. Talented teachers who use audio-visual materials and methods will, in the course of years, be better recognized for their teaching skills through the aid of this new flexible, durable, high quality, personalized sound recording and projection.

The coming of 16 mm. magnetic sound-on-film creates new vistas for medical classroom and staffroom teaching with motion pictures. It also places new demands for work and discipline upon the medical teacher who wishes to tap

David S. Rube

these new audio-visual assets. Magnetic sound, added to inexpensive 16 mm. cameras and freely available kodachrome film, produces the possibility of sound motion picture illiteracy run amok. Contrariwise, there are now unrivalled opportunities for learning and applying in

medicine the known principles of production and utilization of the motion picture medium with accessory sound.

16 mm. magnetic sound-on-film will produce a small revolution in all education. In medical education it is coming very soon.

Medical Stereo-Photography: An Innovation

Dr. David D. Donaldson, a young ophthalmologist at Harvard University's Howe Laboratory of Ophthalmology and the Massachusetts Eye and Ear Infirmary, has devised and shown a new camera and method for stereoscopic photography. His method, specifically applied to photographing the anterior segment of the eye, is reported in the *Archives of Ophthalmology*, June 1950, Vol. 43, pp. 1083-1087.

This new technique should be of great interest to medical photographers in general, since there appear to be certain technical advantages of the equipment: wide range of focus, easy adjustment of inter-lens distance for variable depth effects, and correction for parallax without distortion.

The Matching Plan for Internship Placement

A Report of the First Year's Experience

F. J. Mullin

John M. Stalnaker

The core of the internship placement problem lies in the fact that approximately 10,500 internships are offered to 5,800 students. Any matching plan obviously will leave many positions unfilled. This article reports the first year's experience with an intern placement plan designed to be as fair as possible to both students and hospitals.

In order to provide for an orderly method of internship placement, to relieve unfair pressures on students, and to facilitate sound advising procedures, a matching plan for internship placement was proposed (*Journal of the Association of American Medical Colleges*, Vol. 25, No. 6, Nov. 1950).

This nation-wide cooperative plan for matching students' choices with hospitals' choices in the placement of interns was approved by students and all organizations directly concerned with the internship problem and was put into official operation in 1951-52. In the early stages, objections were raised about certain features and changes to correct these features were made. Even though the changes were improvements, some misunderstanding resulted because the changes were made after announcements had gone out.

This report explains the plan as it was operated and gives the highlights of the results and the background which caused the plan to be created.

In the matching plan for internship ap-

pointment, each participating student submits a confidential list, ranking, in order of his preference, the hospitals where he has applied for internship. He applies for any internship which interests him. Each participating hospital also submits a confidential list, ranking, in order of its preference, the students which have applied to it.

The participating students this year applied on the average for 3.8 internships each. There were some 21,728 applications reported by the 5,681 students who participated. Some hospitals received an excess of applications while others received none.

The matching plan does not give applicants to any hospital or restrict individuals in any way from applying to any participating hospitals in which they are interested. Hospitals and students are free to explore their mutual interests fully, but not to require commitments prior to the announcement of the results. Obviously, it is not possible to prevent some informal oral understanding between student and hospital. When such understandings are freely arrived at without unfair pressures, demands, or threats, they may be mutually advantageous. Such un-

Dr. Mullin is chairman of the National Interassociation Committee on Internships and dean, Chicago Medical School. Mr. Stalnaker is director of operations for the Interassociation Committee and director of studies for the Association of American Medical Colleges.

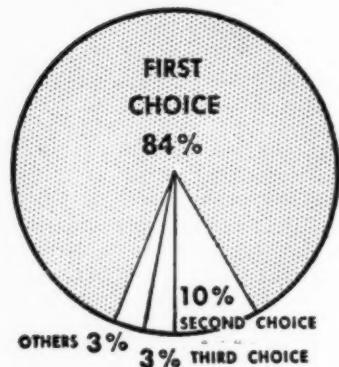
derstandings, however, are not binding unless validated by the official confidential rating blanks of both hospital and student.

The plan matches the student with the internship he rates the highest insofar as this is possible in view of the hospital's relative evaluation of the applicant.

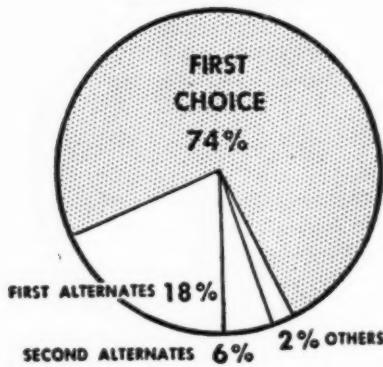
students matched were on the first choice list or the first alternate list of the hospital with which they were matched. The first choice list includes the number of names that the hospital is seeking as interns. The first alternate group is a group of the same size ranked next in order by the hospital. If a hospital seeks five in-

MATCHED GROUP

STUDENT CHOICE



HOSPITAL CHOICE



Of the 5,564 students matched, 84% (4,698) were matched with their first choice or most preferred internships, and an additional 10% were matched with their second choice internship. Of the 565 students who received their second choice internship, about one-third (183) did not receive their first choice hospital because it rated them X, indicating that it did not want to have that individual matched with it. The others, 382 in number, listed as their first choice a hospital which was filled by men which that hospital preferred.

The matched group was listed as first choice by the hospital for 74% of the students, and listed as first alternate for an additional 18%. Thus, 92% of the

terns, the applicants it ranks from 1 through 5 are its first choice, and the applicants it ranks from 6 through 10 are considered as its first alternates.

Almost every hospital approved for internship training by the Council on Medical Education and Hospitals of the A M A agreed to participate in the plan. Four of the 799 hospitals which signed agreements resigned leaving 795 hospitals actually participating in the plan. These hospitals offered 1,068 different internships and sought 10,414 interns.

Simple arithmetic showed in advance that almost 5,000 internships must necessarily be unfilled no matter what plan of matching or appointment was used.

Most of the internships offered were

The Matching Plan for Internship Placement

Table I. The Type and Number of Internships Offered and Filled through the Matching Plan.

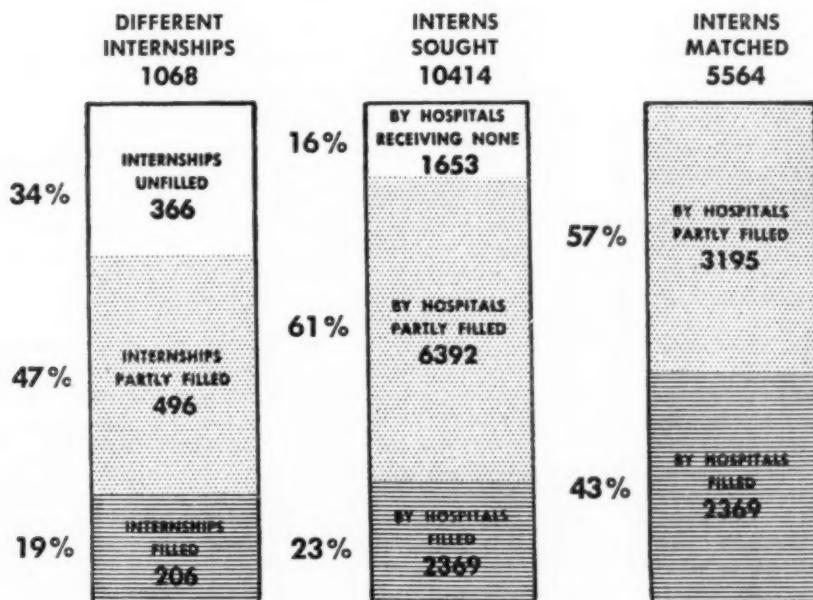
Type of Internship Offered	Hospitals Offering*	Interns Sought	Interns Matched	Percent Matched
Rotating General	721	8596	4479	52%
Rotating Emphasis Medicine	26	236	164	69%
Rotating Emphasis Surgery	28	155	68	44%
Rotating Other Emphasis	33	101	67	66%
Mixed Types	39	188	111	59%
Straight Medicine	64	503	359	71%
Straight Surgery	56	364	202	55%
Straight Pediatrics	34	121	69	57%
Other Straight	67	150	45	30%
Total	1068	10414	5564	53%

*There are 795 hospital units included in the plan. Some units offered several types of internships.

of the rotating type (76% or 808 of the 1,068) and most of the interns sought—87% or 9,088 of the 10,414—were for these rotating internships. Of the interns actually matched, 86% were matched with rotating internships of some type. The straight services accounted for 11% of the internships sought and 12% of the interns matched.

There were 5,798 students who signed

agreements to participate in the plan. Of these, 95 resigned for one reason or another. An additional 22 did not send in confidential rating blanks and thus could not be included in the plan. Of the participating students, 45 were from Canadian schools, 11 were from other foreign schools, and 10 were graduates of medical schools who were not members of the current senior class.



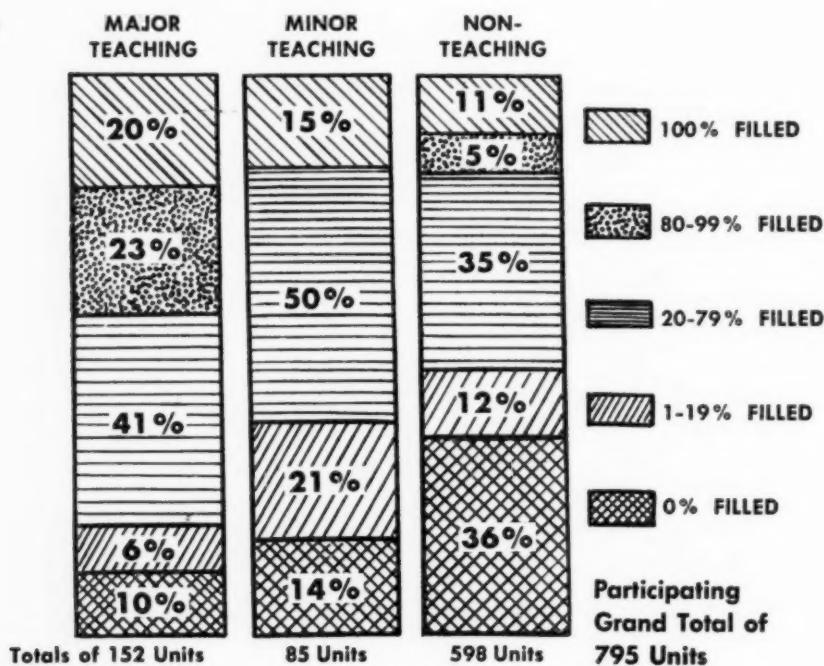
Of the group of 5,681 students, 5,564 were matched. There were 117 students who were not matched. These students were not matched because they applied only to hospitals who marked them X, indicating that the hospital did not wish to have them, or to hospitals which were filled by men rated higher by those hospitals.

In the Journal of the A M A, hospitals approved for internship training are listed in the Internship and Residency number. Some hospitals are designated there as major teaching institutions and others as minor teaching hospitals. Of the 795 hospitals in the matching plan 19% are major teaching units, 11% minor teaching units, and 70% are not affiliated with a medical school for teaching purposes.

As might be expected, more major

teaching units obtained the interns they were seeking than did the hospitals not affiliated with a medical school. However, some 11% of the so-called non-teaching hospitals were filled and 10% of the major teaching units received no interns.

The major teaching hospitals, which constitute 19% of the hospitals in the plan, offered 37% of the 10,414 internships available, and obtained or were matched with 47% of the interns matched. The minor teaching hospitals (11% of the hospitals in the plan) offered 10% of the internships available and were matched with 8% of the interns matched. The non-teaching hospitals sought 53% of the internships offered and were matched with 45% of the interns matched. The major teaching hospitals fared



The Matching Plan for Internship Placement

Table II. Number of Interns Sought and Obtained by Major and Minor Teaching Hospitals Summarized by Size of Hospital.

No. of Interns Sought	Major Teaching Hospitals			Minor Teaching Hospitals			Non-affiliated Hospitals			Total		
	Hos-pitals	Interns Sought	Interns Matched	Hos-pitals	Interns Sought	Interns Matched	Hos-pitals	Interns Sought	Interns Matched	Hos-pitals	Interns Sought	Interns Obtained
50-Up	11	979	801	—	—	—	6	634	440	17	1613	1241
30-49	40	1441	936	3	113	83	10	358	276	53	1912	1295
10-29	70	1228	820	44	674	295	179	2439	1186	293	4341	2301
1-9	31	180	77	38	260	83	363	2108	567	432	2548	727
Total	152	3828	2634	85	1047	461	558	5539	2469	795	10414	5564

somewhat better than other hospitals, as might have been anticipated.

Table II gives the breakdown by teaching and non-affiliated hospitals by size of the hospital. Most hospitals (54%) seek 9 or fewer interns. Yet this group of hospitals—largely non-affiliated hospitals—sought 24% of the internships offered and were matched with but 13% of the interns matched. The small hospitals did not attract the students to the extent the larger ones did.

At the other extreme, the large units seeking 50 or more interns were seeking 16% of the internships offered and obtained 22% of the group matched. These large hospitals are chiefly those of the teaching institutions and the federal services.

How the Matching Plan Works

The matching plan is a clearing agency for matching student preference and hospital preference. It gives effect to the expressed preferences of the students, among the internships for which they have applied and to the hospital's evaluation of its applicants.

The student in the plan applies to the hospital in the usual way. He is attracted to a hospital by its reputation and prestige, the quality of the training offered, its staff, its relationship with a teaching institution, its future opportunities for residency or staff appointment, its loca-

tion, its stipend, its living conditions, or any of a combination of the factors which make a student want to intern at a particular place.

Hospitals participating in the plan must seek their own applicants. The plan does not obtain applicants for any hospital. Nor is the plan in any way responsible for a hospital not receiving applicants.

It should be clearly understood that there are a number of things which the plan does not do, namely:

1. It does not distribute interns or place interns where they do not wish to go.
2. It does not set quotas or restrict the number of interns a hospital may seek.
3. It does not interfere with the relationship between student and hospital.
4. It does not interfere with the bargaining rights of either hospital or students—free competition is fully permissible including the right of both hospital and student to present themselves to the other in any way they desire.
5. It does not advise students where to intern or of the merits of the various internships.
6. It does not approve hospitals for intern training.

Both hospitals and students participating in the matching plan agreed not to require, during the application and interviewing period, a commitment of the other. This provision created problems and has been a matter of concern to both students and hospitals. Some hospitals felt that knowledge of how the student would

rate the hospital was necessary, and these hospitals put pressure on students to obtain a promise or commitment concerning how the students would rate the hospital. Similarly, some students put pressure on hospitals for early commitments. Such behavior may be carried to the point where it is unfair and contrary to the regulations of the matching plan. In any case, it is not necessary. The fact that such behavior is indulged in, however, does not invalidate the matching plan—it merely makes it of less value for such participants. The influence of such pressures has been exaggerated. Normal free competition characteristically involves some pressures and senior medical students are mature enough to evaluate these pressures and act accordingly.

Putting an applicant high on its list, even though that applicant may not have expressed great interest in the hospital, does not in any way lessen the hospital's chances of getting an applicant lower on its list who may rate the hospital as his first choice. Thus, the hospital can be assured that it will be matched with the applicants in order of its preference as long as there are places unfilled and as long as those applicants are not matched with hospitals which they desire more. It is not necessary for a hospital to know how its applicants are going to rate it as far as the matching is concerned.

There were some instances where hospital representatives told students that they would not be considered by the hospital unless the student promised to rate the hospital first on his preference list. Many students resented this unfair threat and pressure for prior commitment and rightly looked upon it as a limitation of their freedom in expressing their choice. As far as the matching is concerned, the implied modification of the hospital's list

in terms of the student promise is entirely unnecessary. This procedure requiring previous commitments actually served only to limit the freedom under the plan and does not of itself assure a greater number of interns for a hospital.

On a set date the student submits a confidential rating blank listing in order the hospitals to which he has applied. If he has changed his mind about any hospital after he has visited the hospital or considered it further, and does not want to be matched with it, he marks that hospital X. (There were 1,950 cases of this type.) He is willing to intern at any of the other hospitals he lists, but he has a preference which he indicates. His preference list is confirmed and is treated as a confidential list.

The hospital submits a ranking in order of its applicants. It marks X any student it does not want to have matched with it. There were 2,622 such cases this year, including 439 instances where the student marked that hospital X. The hospital is willing to accept any of the other students but prefers them in the order it indicates. This list is confirmed and is considered confidential. This list is completely independent of the student's rating of the hospital, which of course is not made known to the hospital.

With these two confidential rating lists plus a statement from the hospital of the kind of internships it is offering and the number of interns it is seeking for each, the plan can proceed.

The hospital is matched with the applicants it ranks highest provided they want to go there more than to any other hospital which wants them. The student receives the hospital highest on his list having an opening for him. In other words, each hospital is matched with its top applicants who are available to it. A

The Matching Plan for Internship Placement

The Matching at INTERNIA Hospital

The hospital, Internia, offered 3 general rotating internships. It obtained six applicants. The following chart shows what happened and explains why.

How Internia Ranked Its Applicants	Applicant Name	How Applicant Ranked Internia	Result of the Matching
1	Jones	X	Matched to Kings Hospital, his first choice.
2	Smith	First	Matched to Internia.
3	Cone	Second	Matched to Internia. His first choice hospital was filled with men it ranked higher.
4	Buck	Third	Matched to County Hospital, his second choice. His first choice marked him X.
5	Levine	First	Matched to Internia.
6	James	First	Matched to his second choice because Internia was filled with men it preferred.

Confidential rank order list of the students who applied to Internia.

Jones	Smith	Cone	Buck	Levine	James
1. Kings	1. Internia	1. University	1. University	1. Internia	1. Internia
2. University	2. Kings	2. Internia	2. County	2. County	2. Center
3. County	3. Uptown	3. Kings	3. Internia	3. University	3. North
X. Internia	4. County	4. Westside	4. North		
Matched to his 1st choice.	Matched to his 1st choice.	Matched to 2nd choice. 1st choice filled with men preferred by that hos- pital.	Matched to 2nd choice. University rated him X (not desired).	Matched with 1st choice.	Matched to 2nd choice. 1st choice filled by men it preferred.

man becomes unavailable to a hospital when he is matched to another hospital higher on his preference list.

The only reasons a hospital does not receive any man it rates high on its list are (1) because the man is matched with a hospital he prefers, (2) because the man has indicated that he does not want to be matched with that hospital. There are no other reasons. The only reasons a student does not receive his first choice hospital are (1) because the hospital is filled with men it prefers, (2) because the hospital does not want to be matched with that man (marks him X). There are no other reasons.

The matching plan must, of necessity, be a closed system. During the period of the matching, changes must not be made in the number of interns sought by the

hospitals or in the hospital or student preference ranking lists. For the plan to work successfully, it is necessary also to request hospitals not to negotiate with non-participating students during the period of the matching.

For internships starting at irregular times and for the relatively few students not participating in the plan, negotiations may be carried on with the hospitals after the results of the matching are announced. It is, of course, also necessary that those who voluntarily enter into the plan abide by the results of the matching of their freely expressed choices.

The matching procedure now used allows both students and hospitals to take "flyers" without penalty through the loss of opportunity in obtaining subsequent lower orders in the matching.

The Development of the Plan

The National Interassociation Committee on Internships was created to provide a method whereby the hospitals could select their interns freely and in an orderly manner. Full weight in the plan is given to the student preference and to the hospital preference. The general consensus has been that the policies and practices did, in fact, facilitate sound procedures in internship placement, fair both to students and to hospitals.

The National Interassociation Committee on Internships consists of representatives of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, the Council on Medical Education and Hospitals of the A M A, and of liaison officers from the federal services offering internships.

This Committee was created because of the dissatisfaction with the previous plan for internship appointment then in effect. While the previous plan was recognized as being far superior to the chaotic conditions of no organized method of appointment which had existed, some schools and hospitals had indicated an unwillingness to continue with the plan in use in 1950-51.

The matching plan was developed by the National Interassociation Committee on Internships based on experience gained in a trial run in 1951. It was approved by all of the organizations concerned directly with internships and was published in the *Journal of MEDICAL EDUCATION* in September, 1951 (Vol. 26, No. 5).

All approved hospitals were invited to

participate in the plan. The vast majority of them, over 98%, did so by signing agreements to abide by the regulations and the results of the plan. All senior medical students in the country were invited to participate.

There was considerable misunderstanding on the part of the students and there was dissatisfaction caused by the student fear of being penalized for taking a "flyer." Following a meeting in New York, an ad hoc student committee made proposals involving a change in the procedure of matching which was supported by other student groups. The National Interassociation Committee, after consideration of the suggested changes known as the Boston Pool Modification, adopted them as the official method to be used in the matching.

The vast majority of eligible students, approximately 97%, then agreed to participate in the plan. The students, like the hospitals, individually agreed to abide by the results of the regulations and to follow the results of the matching.

This year there was a remarkable degree of cooperation on the part of both students and hospitals and it is hoped that with better understanding all participants in the future will utilize the plan fully for their common benefit.

With continuing use of the matching system, it will inevitably become more widely known that both hospital and student can express a choice with complete independence and solely in terms of their own evaluation and both can be assured of receiving the highest matching open to them.

The Journal of
Medical Education

Vol. 27 No. 3

Editorials and Comments

MAY, 1952

The Cost of Spending Money

It is becoming increasingly obvious to medical schools that it too often costs money to spend research money. In nearly every case, special grants must be supplemented from the school's own funds.

In many of the schools, where research programs are extensive, studies have been made of these indirect, overhead expenses associated with the research programs. Often, school funds which should be invested in teaching and community service programs are being used to add new and expensive research facilities, secure additional personnel, or to institute major changes in services to provide for the research commitments. Such expenses constitute a real threat to the rounded program and long-range financial security of some of our schools.

The problem of indirect expenses associated with research programs in universities is not a new one. The Federal government, through its various granting agencies, recognizes the problem and has come to almost as many conclusions as there are agencies. The Department of Defense attempts to measure the indirect expenses of research for universities or medical schools by the use of an overhead formula based on direct salary wage costs, reviewed annually for each school. Department of Defense policy also recognizes that support of basic research is in the government's interest. The National Science Foundation proposes to allow 15 per cent of the total cost of a research program as overhead and permit the institution to keep all equipment. The Public Health Service has, for a long time, allowed 8 per cent of the total cost, with similar permission to keep equipment.

On the other hand, only a few of the

private foundations, notably those supported by current public giving, provide even token funds for indirect expenses of research. The National Foundation for Infantile Paralysis makes such a provision, with its own formula for the measurement of indirect expenses. Neither industry nor individuals usually make provision for indirect expenses in their research grants to medical schools. In order to understand the reason for this, one must look at the usual policies of the organizations and individuals who give money for research. Most projects are supported only if the work to be done is new or different. Although many of these gifts are called "grants-in-aid" they do not assist in meeting existing obligations, but only contribute a portion of the costs when the project represents an expansion or new development.

The importance to the medical school of preserving a balanced program of teaching, research and service was stressed by Dean Joseph C. Hinsey in the March, 1952, issue of the Cornell University Medical College Quarterly. Dean Hinsey wrote:

"With large sums of money available for research from private and public sources, there is danger that research activities may be increased in such proportions as to endanger the teaching and service functions. There are institutions where student facilities and equipment are antiquated and at the same time the research facilities are of the most modern type. Important staff members may be so involved in research projects that they see little or nothing of their students. Research attainment is given greater importance in consideration for advancement than teaching and other ac-

Editorials and Comments

tivities related to students. The following is a statement taken from my last report to the President of Cornell University:

It will be noted that the total sum received from outside sources for research and education just about equals our total unrestricted income from other sources which is for 1951-52 estimated to be about \$1,268,000. Furthermore, our outside support for research and education approximates that of last year.

Over the years we have developed an over-all policy for research and special projects.

In the first place, we have refused to take any money that we cannot spend to good advantage, both for the donor and the institution.

Secondly, it must not have restrictions attached that remove the expenditure from our jurisdiction.

In the third place, money obtained from grants for special purposes should not be so great that it will put an unnecessary load upon other portions of the budget. Many times it costs our institution money to expend them because they may not have overhead or, if overhead is provided, it is insufficient to cover our costs.

In the fourth place, we must avoid letting the total amount of research activity in the institution become so great that it will interfere with our fundamental job—patient care and medical education. We have the problem of teaching, research and medical service in this institution; we must be very careful to see that the teaching and the service are not interfered with by too much research activity. Good administration will keep the matter in balance.

In the fifth place, if all the outside money provided for research and special teaching projects were withdrawn suddenly, we must still be in a position to continue to carry out our responsibilities. In accepting government funds we have been aware at all times that we must keep our operation so organized that we can withstand the possibility of having these funds withdrawn suddenly.

In the sixth place, we have sought money to support the projects in which members of our staff have had a real interest. In other words, we have not gone out to obtain funds and then assigned the job of spending them to certain members of our staff.

In the seventh place, the expenditure of funds and their proper management must rest in the hands of the department in which the work is being done; i.e., the department head is responsible for efficient prosecution of the work and obtaining reliable results.

These component portions of our over-all policy have not been listed in order of their relative

importance, but they form a part of a total picture which must always be kept completely focused in our attention."

In view of the facts, why have so many institutions gone beyond the danger point? The answer to this question is a historical one. Many schools acquired large research programs when they dropped everything else to assist in research projects connected with the war effort. Because of the outstanding work done, the attitude of the schools and of the public was that this valuable effort must not cease. Ample research funds were given to several Federal agencies for immediate distribution. The public rallied to the support of such philanthropies as the American Cancer Society, National Foundation for Infantile Paralysis, the American Heart Association and others.

Practically every school now has research and specialized training programs costing many times more than those which existed during the war. Research projects and programs have tended to grow larger because of the many advances made by the investigators and the ever-widening appreciation of what may be done with additional facilities and manpower. Success breeds success. More funds become available to the successful investigator, and he too frequently fails to realize what a burden in indirect costs he is throwing upon his school by accepting additional projects. If the university or the school insists on curtailment or limitation, dissatisfaction and resentment frequently result.

Taking a look backward, if instead of supporting research by gifts and grants-in-aid, the expenses of medical research throughout the country over the last 10 or 15 years had been defrayed by capital gifts to the private schools or increased appropriations to state schools, we would be faced with a totally different situation today. Under those circumstances it would have been left to each school to develop and expand its organization and its functions in the best and most effective fashion.

In this way each school would have been able to perform best its triple functions of teaching, medical care and research. A school is obligated equally to these functions, in the public interest.

Because of this triple function of the medical school, it is not possible to analyze accurately the indirect expenses of carrying on a particular program such as research, as is done in computing the indirect expenses of an industrial research operation. No one expects an industrial concern to make a practice of undertaking production of new items at a financial loss. This fact is recognized by all, including the government, in its research contracts with industrial organizations. The government allows 100 to 150 per cent for overhead and pays the firms for all special equipment that is purchased.

Even without a precise analysis of indirect costs of research, it is possible to help the medical schools solve their pressing problem. There are several proposals, now before the Congress, aimed at improving the financial situation of medical schools. Although these proposals have strong supporters, many people feel that such support would inevitably entail control by the government. It is suggested that one way to achieve the same end, at

least in part, would be for the government to recognize the indirect expenses associated with the various research programs and to pay at least a major portion of these indirect expenses.

What is an adequate amount? The answer to this question depends on the individual institution. Schools supporting a hospital, for example, obviously have a different financial picture than those which do not. Studies at various institutions by outside and disinterested agencies have shown that it costs medical schools approximately 35 per cent of the total amount of direct expenses of research grants to provide adequately for indirect expenses. On this basis, a 25 per cent overhead rate would seem to be reasonable and still leave the institutions a substantial stake in the support of all research carried on within their walls.

An alternative proposal would be to establish a formula, similar to that used by the Department of Defense, whereby the full cost of conducting research is established for each institution.

No simple answer is available but certainly a problem as important as this one calls for intensive study and appropriate action by all concerned.

A large part of this issue of **MEDICAL EDUCATION** is devoted to a report of the 62nd Annual Meeting of the Association, held at French Lick Indiana, October 29, 30, and 31, 1951. We hope hereafter to be able to publish the Minutes each year, following somewhat sooner after the meeting itself than has this year's report.

It is our belief that these Proceedings should continue to reach Journal readers, in order that they may provide:

A chance for those who were unable to come to the meeting to know, in some detail, what did occur and to make their contribution to the discussion through the pages of the Journal.

The opportunity for those who were at the meeting to learn of what occurred in those discussion sections which they were unable to attend.

An over-all picture of the range of problems facing medical educators today, and,

An outline of the constructive work of the Association toward the solution of some of these problems.

Our Readers Write

No Strings Attached

To the Editor:

In a letter published in the March 1952 issue of the *Journal of MEDICAL EDUCATION*, Dr. Olson quoted the following statement from an editorial by Dr. Walter Bornemeier in the "Chicago Medical Society Bulletin" urging that all physicians be assessed to support the American Medical Education Foundation: "Then, like a government which controls that which it supports, let us advise the Medical Schools to discontinue their duplication of effort in research and spend some of the money turning out doctors."

It should be made clear that Dr. Bornemeier is not associated in any capacity with the American Medical Education Foundation. His opinions are definitely not those of the Directors of the Foundation or of the officers of the American Medical Association. When Dr. Bornemeier's editorial was brought to the attention of the Directors of the Foundation at their meeting in February 1952, they went on record as being in complete disagreement with the philosophy expressed by Dr. Bornemeier and directed that the officers of the Chicago Medical Society be so informed.

From the beginning the Directors of the Foundation have made it clear that funds raised by the Foundation are for the unrestricted use of medical schools, that no strings of any kind are attached to these funds, and that the Directors have no intention or desire to control the medical schools through the Foundation.

It is to be regretted that in discussing the American Medical Education Foundation Dr. Olson has chosen to place so much weight on an irresponsible statement by a single individual who has no relationship of any kind to the Foundation.

Donald G. Anderson
Secretary-Treasurer,
American Medical Education Foundation

1952 Conference on Psychiatric Education

To the Editor:

The second Conference on Psychiatric Education is to be held at Cornell University, June 19-25, 1952. Its primary focus is on the training of career psychiatrists. As such, it complements the first conference (June 1951) which dealt with psychiatry and undergraduate medical education. The conferences are conducted by the American Psychiatric Association with the Association of American Medical Colleges, and are made possible by a grant from the Public Health Service, National Institute of Mental Health.

As was true of the first conference, the program plan for the second was developed by a planning committee of 27 members.¹ The detailed execution of the plan is left to a smaller executive committee of six members.² Each of the Associations designated a conference chairman.³

Since the 1952 conference deals with the specialististic training of career psychiatrists, it has seemed essential to the planning groups—and particularly to those representing the Association of American Medical Colleges—that most of the members of the second conference should be chosen from those actively engaged in training psychiatrists. Thus, of a total conference membership limited to about 85, approximately 70 per cent are teachers of psychiatry, and neurology, and the remainder are medical deans, professors of medicine and pediatrics, and administrators in educational

1. Drs. Kenneth E. Appel, Leo H. Bornemeier, Walter E. Barton, George P. Berry, Karl M. Bowman, Francis W. Braceland, Henry W. Brosin, D. Ewen Cameron, Norman Cameron, Francis J. Gerry, Robert G. Hesth, Ives Hendrick, Carlyle Jacobsen, Reynold A. Jensen, Theodore Lidz, Erich Lindemann, Vernon Lippard, Karl A. Menninger, John McK. Mitchell, George N. Raines, Frederick C. Redlich, Thomas A. C. Rennie, John Romano, Harvey J. Tompkins, John C. Whitehorn, Harold G. Wolff, S. Bernard Wortis.

2. Drs. Francis J. Gerry, Theodore Lidz, Vernon Lippard, John McK. Mitchell, John C. Whitehorn, S. Bernard Wortis.

3. Drs. John C. Whitehorn for the American Psychiatric Association, John McK. Mitchell for the Association of American Medical Colleges.

Our Readers Write

institutions of various kinds. Inevitably, the executive committee, whose chore it is to select the members, has found it distressing to have to pass over so many who should be members of the conference by virtue of their position and accomplishment.

Ten topics comprise the agenda structure for the 1952 meeting. Preparatory commissions are assigned to gather facts and opinions on each topic and to organize the material for conference discussion. The ten topics fall into three main areas.

The first topic area encompasses basic introductory material—a review of the history and status of residency training in psychiatry today, a summary statement of the social and economic factors affecting residency training, and a formulation of psychodynamic concepts and principles. These subjects are to be presented to the conference as formal reports from the preparatory groups.

The second group of topics are the heart of the conference. They have to do with ideals and practices in residency training, the selection of candidates and the personal problems of the resident in training, and an overall consideration of psychiatric training centers and facilities.

The third group considers special problems, for example, the roles of psychoanaly-

sis and child psychiatry in the training of career psychiatrists, the problems of special training in industrial, forensic, and administrative psychiatry, and psychiatry's part in the training of internists, pediatricians and other physicians.

The operation of the conference as a joint project of the American Psychiatric Association and the Association of American Medical Colleges has proven most agreeable and workable throughout. The group-discussion pattern utilized in these conferences imposes a stiff numerical limitation on membership and presents special problems in organizing and reporting, but it has special advantages. It greatly facilitates critically constructive discussion. It provides opportunity for the rapid detection and elimination of misunderstandings and the enlargement of areas of agreement. More effectively than by any plan of set speeches and large audiences, the group discussions generate active mutual understanding.

The report of the first conference will be published by the American Psychiatric Association in May 1952 (cost: \$1.00) and of the second conference, in approximately one year.

*John C. Whitehorn
John McK. Mitchell*

The Bond of Mutual Respect

The art of medicine must be revived if the medical profession desires to gain the fullest satisfaction from medical practice and, even more important than this by far, the effectiveness of prophylactic and therapeutic effort is increased considerably when there exists on the part of the patient a full and complete confidence in the physician and on the part of the physician a warm personal interest in the patient. A revival of a wholesome respect for the art of medicine on the part of the medical profession cannot be left to chance alone but must be nurtured by the clinician and academician alike lest the very soul of medicine burn out as the dying embers of a winter's fire.—*The Art of Medicine*, Melvin A. Casberg. From an address presented at the Annual Banquet, Homer G. Phillips Hospital Interns Alumni Association, St. Louis, Missouri, May 1, 1952.

Audiovisual News

Medical TV Continues to Expand

In the past few months the medical profession's interest in television has developed apace. In the midst of those building programs and curriculum changes which show the healthy development of medical education, television has continued to expand its share of planning, research and experimental operation.

COLOR TELEVISION: *Some Notes*

The CBS-Remington Rand Vericolor TV camera chain is being aggressively pushed for medical teaching purposes. With its new 19 inch rotating drum receivers, the CBS color system can readily be seen by groups of 40 or more students. Larger screen size, and the dramatic clarity of images, are very exciting to proponents of color TV in medical centers. Some 15 to 20 medical centers are developing color TV plans involving the CBS system, despite its important factors of incompatibility.

The color television freeze, by causing a temporary halt in large-scale commercial TV developments, has permitted intensive sales efforts in such specialized fields as medicine. Meanwhile, the hectic research to perfect "compatible" color TV goes on backstage in the electronics laboratories.

The University of Kansas Experiment

The University of Kansas medical school has lost no momentum in spearheading medical school TV experimentation. Reporting on its first two television courses, one undergraduate and one postgraduate, the medical center Bulletin makes clear the wise limitation of the experiment to operative surgery, where the natural progression of surgical events makes visual teaching and programming relatively simple.

Under Dr. Paul W. Schafer, professor of surgery, the entire curriculum has been revised to permit the integration of color TV into the junior surgery courses. TV surgical teaching for residents, an elective, follows the daily morning sessions required of the junior students. A surgical postgrad-

uate course, January 21-25, permitted an intensive exploration of TV within the demands of a short refresher course. Here the lessons learned during the past two years with black-and-white TV, plus the cumulative experience of Smith, Kline and French programs at conventions (see below) have gained a practical perspective of what can be expected of television for formal instruction in surgery.

The Kansas Bulletin points up a healthy contrast in the approaches toward the two courses. "The undergraduate and postgraduate medical curricula differ sharply. In the former, the medical student is taught fundamental surgical problems, and minor and major surgical technics. An instructor is always at the receiving end. The teaching load is carried by the classroom instructor in undergraduate teaching. The reverse is true in postgraduate training. Here the operating surgeon describes minutely what he is doing and for what reasons. The instructor in the classroom acts largely as a moderator for the group, passing on questions over the intercom to the operating surgeon."

The reports on the Kansas experiments will serve as guides to all schools following in its footsteps in the search for improved instruction of students and physicians.

Smith, Kline and French Reports

The Journal of the American Medical Association (December 15, 1951, Vol. 147, pp. 1550-1554) recently carried a most informative summary of the 2½ years of arduous pioneering with CBS color TV by Smith, Kline and French Laboratories. Dr. Kendall A. Elsom, associate professor of clinical medicine, University of Pennsylvania School of Medicine, and G. Frederick Roll, chief of public relations for Smith, Kline and French, tell the practical problems of presentation as they encountered them in their tour of 28 medical conventions. The wide spectrum of physical facilities in which successful demonstrations were held shows the mobility of TV, but

also presents clearly the need for intensive planning and hard work necessary to achieve best results. The costs of these programs will be interesting to medical educators, when and if such figures become available.

TV as a Source of Medical Film Footage

There has been constant discussion, ever since the inauguration of medical television, of the rich possibilities of using TV programs as the source of motion picture stock footage, or even as raw material to be edited into teaching films.

In February 1950, Smith, Kline and French Laboratories and the U. S. Navy Photographic Center engaged in a cooperative exploration of color films photographed from the screen image obtained on the receiver set. The color films so obtained were of useful quality, although not up to the standard of camera exposed film. More recent experiments by Smith, Kline and French with color photography of the receiver screen have yielded higher quality results. Film recordings are now planned of those presentations which seem worthy of record, editing, and later circulation as motion pictures.

In May 1951 at the Army Medical Center in Washington, RCA demonstrated its kinephoto recording process on an amputation and other orthopedic procedures. The kinephoto process (in black-and-white) requires significantly less light for its exposure than ordinary photography, and achieves an excellent recording of accompanying sound.

Black-and-white commercial kinescope recordings have been made of many health programs. Their quality is surprisingly good. However, commercial kinescope equipment is still prohibitively expensive for medical center acquisition.

Development of economically feasible methods of TV-on-film recording may yet stock-pile many valuable visual teaching units for the medical instructor's use.

Television Teaching in Time of Emergency

The Federal Civil Defense Administration experimented with mass teaching by television in its "School for Survival". CDA workers were assembled in theaters in New York, Philadelphia, Baltimore and Wash-

ington for mass lessons in rescue and air raid warning. The technical and educational success of this experiment suggests specific applications for emergency training of medical professional and sub-professional personnel in time of disaster.

Medical Schools in Cooperative Operations

Within many university administrative structures, the professional schools of the medical sciences play a very large role. In planning the effective use of costly television facilities and personnel, medical professional schools have a large stake. It is therefore heartening to note aggressive steps for cooperation now under way in both Chicago and Cleveland.

In Chicago, a \$1,650,000 educational TV center is being planned as a non-profit, non-commercial venture. From among eleven participating institutions, four (University of Illinois, University of Chicago, Northwestern University, Loyola University) with medical professional schools can be predicted to assume an important role in the efficient utilization of the new center's technical facilities.

In Cleveland, Western Reserve University has been carrying through the steady development of an all-university integrated program. This includes the medical school and its new Audio-Visual-Television Laboratory.

Baylor Set for TV Medical Teaching

In Houston this past November, the new \$4,500,000 Methodist Hospital opened its 315 bed building in the burgeoning Texas Medical Center. Among the advances in hospital architecture built into the structure were television provisions for surgical TV teaching. Baylor University medical students and graduate physicians receiving instruction at the Center were expected to profit by the new facilities.

Films in Teaching Surgical Pathology

Dr. Hilger Perry Jenkins, chief surgeon at Woodlawn Hospital, Chicago, and a member of the University of Illinois department of surgery, has for years methodically collected color motion picture footage on cases which have passed through his hands.

Whenever certain categories of subject

Summaries of Film Reviews

matter accumulated a representative range of cases, Dr. Jenkins edited the footage into what he calls "photographic supplements for clinics and conferences."

Each of these films is silent and in color. Each utilizes the following pattern. Titles present brief highlights of each case history, with laboratory, x-ray and physical findings. Selected brief footage during surgery demonstrates surgical pathology seen at operation. Gross pathology of the dissected surgical specimens is shown. A group of cases in some logical order, perhaps of severity of manifestations, comprises the total film.

There are now 5 films in circulation. They are distributed by the Surgical Film Library of Davis & Geck, Inc. As simple and direct adjunct films they deserve attention both as an experiment in a kind of film making, and as an exploration of film use in medical school teaching.

Titles of available films are:

Diseases of the Gallbladder—1949.....	18 min.
Diseases of the Stomach and Duodenum—1950.....	17 min.
Carcinoma of the Cecum and Ascending Colon—1951.....	17 min.
Mesenteric Thrombosis and Adhesion Band Strangulation—1951.....	17 min.
Polyps of the Large Intestine—1951.....	25 min.

Summaries of Film Reviews

These brief notes on some psychiatric and mental health motion pictures are intended to afford an offhand idea of the desirability and use of the film under review. They are drawn from the detailed evaluative reviews prepared by the Medical Audio-Visual Institute of the Association of American Medical Colleges. A volume of some forty-five reviews in the field of psychiatry, psychology, mental health and neurology is under preparation by the Institute.

Activity for Schizophrenia: Technique for Corrective Therapy

16 mm., black-and-white, sound, 900 ft., 27 min.

Year of Production: 1951; Country of Origin: U.S.A.; Producer: Presentation Division, Veterans Administration, for Department of Medicine and Surgery, Veterans Administration.

Distribution: V. A. Central Office Film Library, Motion Picture Section, U. S. Department of Agriculture; Washington 25, D. C., **Loan**.

Summary: This beautifully produced film dramatizes in documentary style the case history of a patient in order to demonstrate techniques of physical activity in a corrective therapy program for acute schizophrenics. The content lacks validity since it is not based on generally held dynamic principles of modern psychiatry. More-

over, a small phase of the treatment program is stressed, without an appreciation of a total co-ordinated approach.

Audience: Mental institution personnel. Medical students, general practitioners, nurses, students of psychology, social workers and occupational therapists, if shown under expert supervision.

Shades of Gray

(Army Code No. PMF-5047)

16 mm. (taken on 35 mm.), black-and-white, sound, 2369 ft., 66 min.

Year of Production: 1947; Country of Origin: U.S.A.; Producers: U. S. Army.

Distribution: United World Films, Inc., 1445 Park Avenue, New York 29, N. Y., **Sale**: \$75.20. Address loan requests to: Commanding General, Att: Surgeon, Headquarters, First to Sixth Army (according to location of film user). (First Army, Governors Island, New York 4, N. Y.; Second Army, Fort George G. Meade, Md.; Third Army, Fort McPherson, Ga.; Fourth Army, San Antonio, Tex.; Fifth Army, Chicago, Ill.; Sixth Army, San Francisco, Calif.). Also available from educational film libraries on loan or for rental.

Summary: Prefaced by orientational exploration of general mental health concepts, this film offers a comprehensive survey of the U. S. Army neuropsychiatric program. Standardized hospital procedures of treatment and rehabilitation, as well as narcoticsynthesis, hypnosis, and individual and group psychotherapy are demonstrated. The introductory considerations on gradations of mental health—the "shades of gray"—are more convincing than the programmatic exposition which tends toward optimistic oversimplification. Although well-produced, the film is too complex for ready absorption and, unfortunately, not adapted to presentation by sections.

Audience: Army officers, physicians, medical students, nurses, hospital personnel, psychologists, psychiatric social workers, relatives of psychiatric patients in Army hospitals.

Breakdown

16 mm. and 35 mm., black-and-white, sound, 1490 ft. (16 mm.), 41 min.

Year of Production: 1950-51; Country of Origin: Canada; Producer: National Film Board of Canada, in cooperation with Mental Health Division, Department of National Health and Welfare; Technical Advisors: George E. Reed, M.D., Heinz Lehmann, M.D. (Verdun Protestant Hospital); A. M. McGee, M.D., F. E. McNair, M.D. (Cresce Clinic, Essondale, B. C.); Charles G. Stogdill, M.D. (Department of National Health and Welfare); Script, Direction and Production: Robert Anderson, Camera: O. H. Borradaile; Music: Maurice Blackburn.

Distribution: McGraw-Hill Company, Text-Film Department, 330 West 42 Street, New York 18, N. Y., **Sale**: \$150.00; National Film Board of Canada, 1270 Avenue of the Americas, New York 20, N. Y., and 400 West Madison Street, Chicago 6, Ill., **Rental**: \$6. Also available from many film libraries on a loan or rental basis.

Summary: Using the case history approach, this film successfully depicts the onset of a schizophrenic breakdown and the methods employed in a well-equipped mental hospital to treat the patient. Subordinate themes urge that mental illness be recognized in time and that it be accepted as tolerantly as is physical illness. Careful

Summaries of Film Reviews

avoidance of superficial psychodynamic explanations, factual treatment of the hospital procedures and superior camera work recommend this film, particularly for uninformed lay groups.

Audience: Lay groups, medical students, psychiatrists with specialized experience, general practitioners, psychologists, psychiatric social workers, student nurses.

Emotional Health

16 mm., (taken on 35mm.), black-and-white, sound, 720 ft., 20 min.

Year of Production: 1947; **Country of Origin:** U.S.A.; **Producer:** Audio Productions, Inc., for McGraw-Hill Text-Films.

Distribution: McGraw-Hill Book Company, Text-Film Department, 330 West 42 Street, New York 18, N.Y.; **Sale:** \$105. Also available from many film libraries on a loan or rental basis.

Summary: In following the treatment of a young student with precordial symptoms but no organic pathology, this film effectively argues for a constructive attitude toward emotional disorders. It establishes the relationship between mental stress and functional disturbance and demonstrates psychotherapeutic procedure. Although the treatment interviews are too facile, the film is above average in content and presentation. It should promote lay acceptance of psychiatric principles and encourage cooperation between the general practitioner and the psychiatrist.

Audience: Medical students, general practitioners, nurses, high-school and college students, educators, professionals in youth work, students of psychology and social work.

Angry Boy

(Mental Health Film Board Series—
Emotions of Every Day Living)

16mm. (taken on 35 mm.), black-and-white, sound, 1125 ft., 31 min.

Year of Production: 1951; **Country of Origin:** U.S.A.

Sponsor: Mental Health Film Board and the State of Michigan; **Producer:** Affiliated Film Producers, New York; **Script:** Irving Jacoby; **Directions:** Alexander Hammid; **Camera:** Peter Glushanok; **Principal Psychiatric Consultant:** Thomas A. C. Rennie, M.D.; **Technical Director:** Esther L. Middlewood.

Distribution: International Film Bureau, 6 North Michigan Avenue, Chicago 2, Ill.; **Sale:** \$105. Available on loan or rental from state or local mental health authorities, mental health societies, public libraries, and educational film libraries.

Summary: "Angry Boy" is a superior film which in a mere thirty-three minutes offers a convincing picture of an emotionally troubled boy, the family constellation which fosters his neurosis, and the psychiatric procedures of a child guidance clinic which begin to affect his rehabilitation. Thematic content and visual material are so meaningfully related as to be of value to layman and professional alike. The film is clear enough to stand by itself, but guidance by a psychiatrically oriented discussion leader is recommended to point up many rich points which might otherwise escape nonspecialist audiences.

Audience: Psychiatrists and psychoanalysts in

training, psychologists, medical students, general practitioners, psychiatric social workers, students of education, parent-teacher groups, child guidance agency personnel, welfare and child care workers.

Children's Emotions

(Child Development Series, correlated with "Child Development" by Elizabeth B. Hurllock)

16 mm. (taken on 35mm.), black-and-white, sound, 800 ft., 22 min.

Year of Production: 1950; **Country of Origin:** U.S.A. (produced in Canada); **Producer:** Crawley Films, Ltd., Ottawa, for McGraw-Hill Text-Films.

Distribution: McGraw-Hill Book Company, Text-Film Department, 330 West 42 Street, New York 18, N.Y.; **Sale:** \$100. Also available from many film libraries on a loan or rental basis.

Summary: This film demonstrates undesirable parental attitudes towards the emotions of curiosity, fear, anger and jealousy in children and suggests alternative procedures to promote the child's happiness and inner security. While the illustrative scenes are dramatically and pictorially convincing, the film stresses situational resolutions rather than dynamic understanding. In the hands of a psychoanalytically oriented leader it should, nevertheless, prove a stimulating introduction for the unsophisticated audience, to more intensive discussions of children's emotions.

Audience: Parent groups, teachers, students in the field of family relations, undergraduate college students, medical students.

The Steps of Age

(Mental Health Film Board Series—
Emotions of Every Day Living)

16 mm. (taken on 35 mm.), black-and-white, sound, 883 ft., 25 min.

Year of Production: 1951; **Country of Origin:** U.S.A.

Sponsor: Mental Health Film Board and the State of South Carolina; **Producer:** Film Documents. Produced by Helen Levitt; **Script and Directions:** Ben Maddow; **Editor:** Sidney Meyers; **Principal Psychiatric Consultant:** M. Ralph Kaufman, M.D.; **Technical Directions:** Cleve C. Odom, M.D.

Distribution: International Film Bureau, 6 North Michigan Avenue, Chicago 2, Ill.; **Sale:** \$95. Available on loan or rental from state or local mental health authorities, mental health societies, public libraries, and educational film libraries.

Summary: The film presents the emotional difficulties of an aging widow as she attempts to adjust to life in the home of her married daughter. Despite the artistic sensitivity of the production, the film fails to deal adequately with the problems of old age. The case is atypical in many respects and the psychological solution offered is inconsistent. The film provides no information on the extensive medical, social security and welfare programs now being evolved to meet the needs of a growing old-age population.

Audience: The film may have value for audiences of younger people, including medical students, as a preliminary, humanistic introduction to the subject, provided a qualified discussion leader is prepared to follow up with more basic data.

Book Reviews

After careful consideration, the Journal Committee has decided that printing the book reviews unsigned will promote maximum objectivity. Reviewers will continue to be carefully selected, of course, for their special qualifications for reviewing particular books.

Functional Neuro-Anatomy—2nd Edition

A. R. Buchanan, M.D., Professor of Anatomy, University of Colorado School of Medicine, Lea & Febiger, Philadelphia, 1951. 273 Illustrations, 19 in Color. 323 pp. including Index and Bibliography. \$7.50.

In this well prepared and illustrated book on neuro-anatomy, the author has succeeded in preparing a text with a strictly functional approach to the subject.

The ascending and descending tracts are traced from the origin to their termination at their first mention in the text, thus leaving the student with a complete picture in each instance. More important, clinical applications and implications are included. By this method students' interests are held in this particularly difficult field. It is concisely written and omits much controversial material.

The second edition contains a 74-page atlas prepared from a series of Weil-stained sections of the human brain stem. Half of each figure in the atlas is an actual photograph of one-half of the brain-stem preparation. The opposite half is a diagrammatic line drawing which indicates structural details. Although not intended as a basic reference it presents in brief an adequate content for all students interested in this field of medicine. It should be very useful to the student.



Pathological Histology—4th Edition

Robertson F. Ogilvie, M.D., F.R.C.P.Ed., F.R.S.E., Senior Lecturer in Pathology and Assistant in Forensic Medicine, University of Edinburgh. Foreword by A. Murray Drennan, M.D., F.R.C.P.Ed., Professor of Pathology, University of Edinburgh. The Williams & Wilkins Company, Baltimore, 1951. 295 Photomicrographs in Color. 506 pp. including Index. \$8.00.

This is not intended as a complete textbook of pathology but rather as a reference to certain specialized topics in the field of morbid histology. As such it would be of importance to the student interested in extending his knowledge in this field, even at the graduate level.

Its preparation was derived from a series of lectures concerning the disturbances of nutrition, disturbances of the circulation, inflammation repair, specific inflammations and tumors. Thereafter, each of the various important systems of the body is discussed separately.

Since most of the text is devoted to descriptive material and practically no space given to mechanisms, its appeal will be limited.

All illustrated material is in colors, most of it excellently done. The text is clearly written, in-

formative, but not designed to hold the reader's interest unless he is looking for specific information. Its primary appeal will be to those students who have more than the usual interest in pathology.



Heart Disease—4th Edition

Paul Dudley White, M.D., Executive Director, National Advisory Heart Council; Recently Clinical Professor of Medicine, Harvard Medical School. The Macmillan Company, New York, 1951. Completely Illustrated. Bibliographies by Chapters. 1015 pp. including Index. \$12.00.

The fourth edition of this standard text book is a pleasure to read. Progress in the study of cardiovascular disease is accurately reflected in the shifting of emphasis and the description of new techniques in diagnosis and therapy. The former is illustrated by the increased number of pages devoted to coronary heart disease, and the latter by inclusion of such recent data as the significance of certain lipoproteins.

There has been no relaxation of the author's insistence on the primary role of physical diagnosis in the study of the cardiac patient. The chapter on the Physical Examination of the Heart itself is a clear and logical presentation of material that every physician must master if he hopes to practice good medicine.

In the revision of this classic work, Dr. White has deleted the material on technical methods which are outmoded, and has been able to present contemporary methods with only a moderate increase in the size of the book. The conservatism of the author is reflected in the discussion of therapy. The well-established principles are re-stated, and although the latest drugs are cited, the evaluation of them is just and restrained.



Biological Antagonism

The Theory of Biological Relativity. Gustav J. Martin, Sc.D., Research Director, The National Drug Company, Philadelphia. The Blakiston Company, Philadelphia, 1951. 64 Figures; 44 Tables. 516 pp., including Index. \$8.50.

This book is really a compendium of all the published examples of biological or metabolic antagonisms.

It is the author's contention that the concept of biological antagonism is the basis of a rational approach to chemotherapy. Fundamental to this concept is the interpretation of all life processes as primarily enzymatic. Interference

with life processes can be accomplished by altering the substrate, or substrates, of enzyme systems which are necessary for the continuation of life. The alterations of substrates which are of chemotherapeutic significance are compounds that can compete successfully for the enzyme, but are unable to function as the natural substrate.

To a large extent, the exquisite sensitiveness of biological reactions results from the remarkable specificity of the enzyme-substrate as a member of the energy-transfer system of the organism. Relativity is claimed to be a significant aspect of biological systems because enzymatic activity has been shown to possess only relative specificity. In this sense, as in physical systems, the only absolute is time. The book is provocative reading for anyone interested in the fundamental problems of biochemistry.



School Health and Health Education

C. E. Turner, A.M., Ed.M., D.Sc., Dr. P.H. The C. V. Mosby Company, St. Louis. 1952. 472 pp. including Index. \$3.50.

This is the second edition of a text first published in 1947. Written for school teachers and school health personnel in training and in service, it meets its purposes admirably.

The author makes no attempt to discuss the professional techniques employed by school physicians, nurses, dentists and physical education teachers, but outlines plainly and wisely the administrative relationships and educational opportunities of these workers in the school.

The book succeeds very well in presenting the opportunities a teacher has to contribute to the health of her pupils and outlines the many ways in which she can make this contribution. The educational aspects of the whole school health program are stressed. It is compact, well written and authoritative and should be very useful to school teachers and school health personnel everywhere.



Cybernetics

Circular Causal and Feedback Mechanisms in Biological and Social Systems. Transactions of the 7th Conference, March 23-24, 1950, New York, New York. Edited by Heinz Von Foerster. Department of Electrical Engineering, University of Illinois; Assistant Editors, Margaret Mead, American Museum of Natural History, and Hans Lukas Teuber. Department of Neurology, New York University College of Medicine, Joaiah Macy, Jr. Foundation, New York. 1951. 251 pp. including References. \$3.50.

Cybernetics, the study of circular causal and feedback mechanisms in biological and social systems, is a comparatively recent development. There are but a few books available that deal with this subject and among these are the now two volumes of verbatim reports of the transactions of the annual Macy conferences on cybernetics.

The Macy Foundation's conference program brings together groups of scientists with a variety of technical backgrounds, who are concerned with the common problem. The informal interchange stimulates new ideas, may correct

old ones, and new ways and means for cooperation and communication often develop. The focus of the meeting is on discussion rather than on formal presentations.

The most important factor concerning the published material is that it is unobtainable elsewhere, and is the most advanced information available concerning new theories and progress of research in cybernetics.

The present volume includes the presentation and discussion of the following topics:

Some of the Problems Concerning Digital Notions in the Central Nervous System; The Manner in Which and Extent to Which Speech Can be Distorted and Remain Intelligible; The Redundancy of English; Experience in Learning Primitive Languages Through the Use of Learning High Level Linguistic Abstractions; The Development of Language in Early Childhood; The Relationship of Symbolic Function in Language Formation and in Neurosis.

Appended at the back of the book are the references to the various topics discussed.

It is most stimulating to see psychiatrists, engineers, anthropologists, economists, neurophysiologists, psychologists, zoologists, philosophers, psychoanalysts, mathematicians, neurologists, physicists, and anatomists discuss common topics from their various points of view and orientation. This not only contributes to our understanding of communication and integration, but is working proof of the reintegration of science, which until recently was artificially fragmented by extreme specialization.

This book is recommended to medical educators as it points the way for newer methods of teaching and research.



Topics in Physical Chemistry—2nd Edition

A Supplementary Text for Students of Medicine. W. Mansfield Clark, Ph.D., Sc.D., DeLamar Professor of Physiological Chemistry, Johns Hopkins University School of Medicine, The Williams & Wilkins Company, Baltimore. 1952. Illustrated. 771 pp. including Index and Appendices. \$10.00.

Too comprehensive for medical students use as a text, Dr. Clark's book will prove of value as a reference. Organization of the book is by subject, and the basic problems in the field are very well covered and with considerable literacy. Designed for the student majoring in physical chemistry.



Kinesiology in Nursing

Laboratory Manual. Bernice Fash, M.A., University of Illinois, Cook County School of Nursing. Illustrated by Paul H. Stone. McGraw-Hill Book Company, Inc., New York. 1952. Illustrated. 142 pp. including Bibliography, Film Sources, and Index. \$2.80.

This manual, with its superb illustrations and fine correlated text, demonstrates that some texts designed for nurses are superior in many ways to the texts for medical student use. The explanation may be that nurses are presumed to be needful of simple, clear explication of the material, while medical students are not.

This manual can be recommended for its

Book Reviews

content and, even more, for its style of presentation. Of interest, too, to the medical student desiring a brief functional anatomy refresher course.

Atlas of Gynecologic Pathology

Color Film Library and Descriptive Manual. Anthony V. Postoloff, M.D., Pathologist and Director of Laboratories, Millard Fillmore Hospital, Buffalo, New York and David H. Nichols, M.D., Captain, Medical Corps, United States Air Force. The Williams and Wilkins Company, Baltimore. 1952. Set includes 100 mounted color slides. 71 pp. plus Index and Slide Index. \$80.00.

The manual which accompanies what is essentially a slide collection, contains short descriptions of each of the 100 specimens included, telling what to look for in each. The slides themselves are well prepared and interesting. They cover a rather wide range of subjects, and include both gross and histological specimens. Obviously, the selling price of the set precludes recommending it for purchase by individual students. However, it is well worth inquiry for departments feeling the need of such a collection.

Dynamic Psychiatry

Edited by Franz Alexander, M.D. and Helen Ross. University of Chicago Press, Chicago. May 2, 1952. Bibliographies by Chapter. 578 pp. including Index. \$10.00.

This is among probably the few attempts at a comprehensive, multiple contributor text on dynamic psychiatry. Besides Dr. Alexander, contributors include John C. Whitehorn, David Shakow, Leon J. Saul, Henry W. Brosin, Edoardo Weiss, Margaret Mead, and a number of other equally distinguished experts.

The first part of the volume is devoted to the theoretical concepts in dynamic psychiatry; the second to clinical problems in psychiatry; the last to the influence of psychoanalysis on allied fields. That much of the material will arouse controversy is to be expected. This is not a volume to read at a sitting or to use as a crammer for exams. It is comprehensive and stimulating.

The Musculoskeletal System

23rd Graduate Fortnight of the New York Academy of Medicine. Edited by Mahlon Ashford, M.D. The Macmillan Company, New York. 1952. Illustrated. Bibliographies by Section. 358 pp. \$6.50.

This volume is the result of careful editing of material given at an important undertaking in postgraduate medical education. There has not been an attempt here to cover the subject exhaustively. Rather, the goal is to present basic anatomy, chemistry and physiology, and relate these basic sciences to important clinical considerations. The success of the endeavor is notable.

Static Electricity in Hospital Operating Suites

Direct and Related Hazards and Pertinent Remedies. P. G. Guest, V. W. Sikora and Bernard Lewis. United States Department of Interior, Bureau of Mines, Washington, D. C. 1952. 54 pages.

This study was undertaken by men who have been attacking the problem of mine safety for many years. The findings of the commission are very sobering and clearly call attention to the dangerous static electricity breeding practices that exist. Anyone connected with hospital operating room procedure should read this monograph.

Connective Tissues

Transactions of the 2nd Conference, May 24-25, 1951, New York, New York. Edited by Charles Ragan, Department of Medicine, College of Physicians and Surgeons, Columbia University. Josiah Macy, Jr. Foundation, New York. 190 pp. \$3.50.

The really excellent feature of the Macy Foundation monographs, as this particular volume so well illustrates, is that they afford an insight into the way give and take of minds, disciplined in diverse fields, can create new ideas. Twenty-five distinguished authorities comprise the contributors to this conference.

Biological Antioxidants

Transactions of the 5th Conference, November 30-December 1, 1950, New York, New York. Edited by Cosmo G. Mackenzie, Department of Biochemistry, University of Colorado School of Medicine. Josiah Macy, Jr. Foundation, New York. 229 pp. including Cumulative Index. \$3.75.

This volume is concerned almost entirely with the effects of radiation on living chemistry. There are useful references and the cumulative index should provide a number of valuable leads.

Nerve Impulse

Transactions of the 2nd Conference, March 1-2, 1951, New York, New York. Edited by David Nachmansohn, M.D., Department of Neurology, College of Physicians and Surgeons, Columbia University. Josiah Macy, Jr. Foundation, New York. 191. 204 pp. \$3.50.

Topics discussed at this conference were ionic problems, excitability, central excitation and inhibition, anesthetizing action and metabolism. Short, interesting lists of references are provided after each paper.

Metabolic Interrelations

Transactions of the 3rd Conference, January 8-9, 1951, New York, New York. Edited by Edward C. Reifenstein, Jr., M.D., Oklahoma Medical Research Institute and Hospital. Josiah Macy, Jr. Foundation, New York. 1951. Illustrated. 294 pp. \$4.00.

One of the most ambitious of the conference reports, this volume is provided with copious illustration and a number of excellent charts and tables. The primary concern of the men at the conference was histological aspects of metabolism.

Factors Regulating Blood Pressure

Transactions of the 5th Conference, February 15-16, 1951, New York City. Edited by Benjamin W. Zweifach and Ephraim Shorr, Department of Medicine, Cornell University Medical College. Josiah Macy, Jr. Foundation, New York. 1951. 238 pp. including Cumulative Index. \$3.75.

The emphasis of this, the fifth and final conference on blood pressure, was on arteriosclerosis. Papers presented included "Chemical Studies of the Blood in Arteriosclerosis", David P. Barr; "Blood Lipids in Experimental Arteriosclerosis", Forrest E. Kendall; "Experimental Hypertension", Harry Goldblatt; and "Studies on Experimental Atherosclerosis and Hypertension", Louis N. Katz.

Blood Clotting and Allied Problems

Transactions of the 4th Conference, January 22-23, 1951, New York City. Edited by Joseph E. Flynn. Department of Pathology, College of Physicians and Surgeons, Columbia University. Josiah Macy, Jr. Foundation, New York. 1951. 272 pp. \$4.00.

This volume contains excellent presentations of clinical research on clotting and reports of more basic studies.

Training in Clinical Psychology

Transactions of the 1st Conference, March 27-28, 1947, New York. Chairman: Dr. Lawrence S. Kubie; Editor: Dr. Molly R. Harrower. Josiah Macy, Jr. Foundation, New York. 88 pp. \$1.50.

Herein are presented a diverse collection of points of view about a field which, because it impinges on several others, cannot but be controversial. There is, for instance, a discussion of training in clinical psychology in the education of a psychiatrist, by Carl Binger; the role of such training in general medical education, by Henry W. Brosin; a paper on those elements in the medical curriculum essential in training for psychotherapy, by Lawrence S. Kubie; and a number of other equally interesting presentations.

Scholarships and Fellowships

Available at Institutions of Higher Education. Bulletin 1951, No. 16, Federal Security Agency, Office of Education. Available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 248 pp. including Indices. 55c.

A more useful collection of this kind of information could hardly be imagined. Information for over 1200 institutions of higher education is listed, with details, by school and by state; there is a separate listing by category. Another section of the book outlines the provisions various states have made to provide scholarships for their residents. All of the information is easy to find and the index is complete.

Education and National Security

By the Educational Policies Commission of the National Education Association of the United States and the American Association of School Administrators, and the Executive Committee of the American Council on Education. Published jointly by the Educational Policies Commission and the American Council on Education. December 1951. 60 pp. Single copy, 50c.

This statement of policy is reasoned and reasonable. Its authors do not pretend to be laying

down a decree for all educators to follow. In fact, in dealing with the problem of how best to supply the armed forces with a continuing flow of manpower, three alternative proposals are made and discussed. Every educational administrator will want to read this pamphlet.

The Dog's Medical Dictionary

Alfred J. Sewell, M.R.C.V.S. Revised and largely rewritten by Major W. Hamilton Kirk, M.R.C.V.S. Philosophical Library, New York. 1952. Illustrated. 271 pp. \$4.75.

Intended for the lay public, the book is an excellent, concise catalog of canine diseases, consisting of brief descriptions of each disease and indications of treatment.

Community Services for Older People

The Chicago Plan. A Wiesboldt Foundation Project. Wilcox and Follett Company, Chicago. 1952. 240 pp., including Index and Appendix. \$3.00.

The important thing to note about this volume is its comprehensiveness. A great deal of research, thought and plain work combine to make the book one of the best texts on problems of an aging population that exist. There is not only a clear definition of the problem under study, but a considerable part of the answer to that problem.

Rx for Medical Writing

Edwin P. Jordan, M.D. and Willard C. Shepard. W. B. Saunders Company, Philadelphia & London. 1952. Illustrated. 112 pp. including Appendices and Index. \$2.50.

This little volume succeeds in making the business of writing plain, well-balanced prose papers an understandable procedure. Rules for style and organization are well put and easy to digest. The sections on illustration and graphs are valuable guides. In regard to style, Dr. Jordan quotes Quiller-Couch to make his point. "Don't say," that esteemed scholar said, "He was conveyed to his place of residence in an intoxicated condition"; say 'He was carried home drunk'."

S. Weir Mitchell as a Psychiatric Novelist

David M. Rein. International Universities Press, Inc., New York. 1952. 207 pp., including Bibliography. \$3.50.

The author of this monograph is an assistant professor of language and literature. As such, he has accomplished a piece of solid scholarship in his field. He has also paid appropriate homage to a man who was a great physician, if not a great novelist. But the defect of the book is the characteristic defect in books by scholars. Evaluation, in its real sense seems not to be in their province. Thus, there is no conclusion as to Dr. Mitchell's place in the hierarchy of American writers, nor a fully knowledgeable assessment of his role as a pioneer psychiatrist.

Books and Pamphlets Received

Books Received

Clark's Applied Pharmacology—8th Edition

Andrew Wilson, M.D., Ph.D., F.R.F.P.S., Reader in Applied Pharmacology, University of London at University College, London and University College Hospital Medical School; H. O. Schild, M.D., Ph.D., D.Sc., Reader in Pharmacology, University of London at University College, London. With the editorial assistance of Arthur Osol, Ph.G., B.Sc., M.Sc., Ph.D. Professor and Director of the Chemistry Department, The Blakiston Company, Philadelphia 5. 1952. 120 illustrations, 47 Tables. 691 pp. including Index. \$7.00.

Psychosurgical Problems

Edited by Fred A. Mettler, M.D., Ph.D., Professor of Anatomy, College of Physicians and Surgeons, Columbia University, for the Columbia Greystone Associates, 2nd Group of 36 Investigators. The Blakiston Company, Philadelphia 5. 1952. 56 Figures; 4 Plates; 57 Tables. 357 pp. including Index. \$7.00.

Spatial Vectorcardiography

Arthur Grisham, M.D., Adjunct Physician for Cardiology, The Mount Sinai Hospital, New York and Leonard Scherlis, M.D., Research Assistant in Cardiology, The Mount Sinai Hospital, New York. W. B. Saunders Company, Philadelphia & London. 1952. Illustrated. 217 pp. including Index. \$6.00.

The Clinical Use of Fluid and Electrolyte

American Monograph Series. John H. Bland, M.D., Assistant Professor of Medicine, University of Vermont College of Medicine. W. B. Saunders Company, Philadelphia, London. 1952. Illustrated. 259 pp. including Chapter References. \$6.50.

The Yearbook of Psychoanalysis

Volume 7, 1951. Managing Editor, Sandor Lorand, M.D. International Universities Press, Inc., New York. 1952. 271 pp. \$7.50.

Current Therapy—1952

Editor, Howard F. Conn, M.D. W. B. Saunders Company, Philadelphia and London. 849 pp. including Index. \$11.00.

Surgery and the Endocrine System

James D. Hardy, M.D., F.A.C.S., Assistant Professor of Surgery, University of Tennessee Medical College. W. B. Saunders Company, Philadelphia and London. 1952. 43 Figures. Bibliographies by Chapter. 153 pp. including Index. \$5.00.

A Handbook of Operative Surgery:

Surgical Gynecology

Including Important Obstetric Operations. J. P. Greenhill, M.D., Professor of Gynecology, Cook County Graduate School of Medicine. Year Book Publishers, Chicago. 1952. 101 Plates. 350 pp. including Index. \$8.50.

A Practical Handbook of Midwifery and Gynaecology

4th Edition. W. F. T. Haultain. Examiner in Midwifery and Gynaecology, Triple Qualification and Fellowship Examination, Royal College of Surgeons, Edinburgh. Clifford Kennedy, Assistant Obstetrician and Gynaecologist, Royal Infirmary, Edinburgh; J. L. Henderson, Professor Child Health, St. Andrews' University. E. & S. Livingstone Ltd, Edinburgh & London. 1952. 47 Figures. 412 pp. including Index. \$6.00.

Pamphlets Received

The Fight Against Heart Disease. Life Insurance Medical Research Fund, New York 29, New York. 11 pp.

The Mutual Security Program—for a Strong and Free World. 1st Report to Congress, December 31, 1951. U. S. Government Printing Office. 81 pp.

American Association of the History of Medicine. Committee on the Teaching of Medical History. Statement of the Editorial Subcommittees. Reprinted from Bulletin of the History of Medicine, Vol. XXV, No. 6, Nov-Dec, 1951. 7 pp.

Medical Certification of Cause of Death. Instructions for Physicians on Use of International Form of Medical Certificate of Cause of Death. 20 pp. 20c. **Chronicle of the World Health Organization.** Vol. 6, No. 1, January 1952. Medical Teaching Missions; Bejel/Syphilis Control Programme in Iraq. 20 pp. 20c. **The Cost of Sickness and the Price of Health.** C.-E. A. Winslow, Professor Emeritus of Public Health, Yale University. 106 pp. \$1.50. **World Health Organization, Palais des Nations, Geneva, Switzerland, or International Documents Service, Columbia University Press, New York 27, N. Y.**

Our Foreign Policy 1952. Department of State Publication 4466. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 79 pp. 25c.

U. S. Government Awards Under the Fulbright Act. University Lecturing—Advanced Research. Division of Exchange of Persons, Department of State, Washington 25, D. C. 13 pp.

U. S. Government Awards Under the Fulbright Act. University Lecturing—Advanced Research. Committee on International Exchange of Persons, 2101 Constitution Avenue, Washington 25, D. C. 32 pp.

Blue Cross Plan for Hospital Care. Annual Report 1951. 425 N. Michigan Avenue, Chicago 90, Illinois. 8 pp.

Blue Shield Medical-Surgical Plan of Illinois Medical Service. Annual Report 1951. 425 N. Michigan Avenue, Chicago 90, Ill. 8 pp.

First Aid in Acute Panic States. Joost A. M. Meerloo, M.D., New York, N. Y. Reprinted from American Journal of Psychotherapy, Vol. V, No. 3, pp. 367-371, July 1951.

Proceedings—National Advisory Committee on Local Health Units. 4th Annual Meeting, New York, December 6, 1951. National Health Council, 1790 Broadway, New York 19, N. Y. 40 pp.

Man to Man. American Heart Association, 1775 Broadway, New York 19, N. Y. 6 pp.

Action Against Heart Disease. Annual Report 1951—American Heart Association, 1775 Broadway, New York 19, N. Y. 36 pp.

A Special Report on the Blood Program. The American National Red Cross, Washington 13, D. C. 6 pp.

Women in the Defense Arcade. Edited by Raymond F. Howes. American Council on Education, 1785 Massachusetts Ave. N.W., Washington 6, D. C. 114 pp. \$1.25.

Management of the Newborn

Arthur Hawley Parmelee, M.D., Professor of Pediatrics, University of Southern California. The Year Book Publishers, Inc., Chicago. 1952. 47 Figures. 358 pp. including Index. \$7.00.

General News

Preprofessional Education Conference Held

The second national conference of the Survey of Medical Education's subcommittee on preprofessional education took place at Buck Hill Falls, Pennsylvania, April 6-9.

The conference was under the joint sponsorship of the Association of American Medical Colleges and the A M A Council on Medical Education and Hospitals. It was under the support of the John and Mary R. Markle Foundation. More than 500 prominent educators from throughout the nation gathered to discuss the role of the liberal arts college in premedical training. They represented more than 100 universities, professional associations and philanthropic organizations.

Gilbert White, president of Haverford College, was opening speaker at the meeting. He decried the tendency to stress technical skills over cultural values in present day premedical education. Dr. White went on to say that in recent years premedical students had minimized the importance of the liberal arts in favor of accelerating their practical training. "At the same time," he said, "the apparent threat to national and international security has caused many Americans to look more carefully to the intellectual and spiritual roots by which their free society has flourished. Such a free society needs many technical specialists, but it has no essential place for the specialist who is only a technologist."

Dr. *Aura E. Severinghaus*, associate dean of Columbia College of Physicians and Surgeons, discussed the purposes of the conference. He reported that the survey, under way since 1950, would show a "widespread revival of interest in traditional objectives of the nineteenth century, when it was felt to be the chief duty of the university to produce good citizens, leaders in affairs and in professions."

Discussing religion's place in preprofessional education, Dr. *G. F. Thomas* of Princeton University cited Nazi doctors in

World War II as an example of "what can happen if Christianity is deleted from medical education in favor of service to the state." He added that the same dangers were implicit in communism.

Medical Group Officially Recognized At Annual Meeting of ACPRA

Public relations personnel of the medical schools received official recognition at the annual meeting of the American College Public Relations Association in Cleveland, April 16, 17, and 18, when a motion was passed adding a representative of the Medical-Public Health Division to membership on the ACPRA Board of Directors.

The medical group, at their business meeting, voted that Mr. *Marc Waggener*, of the University of Indiana, receive the appointment. Mr. Waggener has served as chairman of the steering committee of the medical group since its formation three years ago.

ACPRA attendance from medical schools showed a substantial increase at the 1952 meeting, some 30 schools being represented.

A program devoted to medical topics occupied the group at morning and afternoon sessions. Luncheon and dinner meetings were held jointly with the entire ACPRA membership. Special seminars were devoted to discussing the relationship of the medical school public relations program to the program of the university and to outside health agencies. A panel of experts conducted an informative session on "Medical Science Writing", and a quiz session meeting made it possible for individuals to discuss special problems.

The dinner meeting of ACPRA on Wednesday, April 16, was planned by the medical group. David Dietz, science editor for the Scripps-Howard Newspapers and NEA, spoke on "The Role of Public Relations in the Coming Medical Victories."

Dr. *Dean Smiley*, secretary of the AAMC, addressed the medical group on the subject,

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"Some Public Relations Problems In Medical Education 1951-'52."

Mr. Joseph Kelly, Johns Hopkins, was named chairman of the steering committee to plan next year's meeting. Other committee members are: Lincoln Williston, University of Illinois; Vilas Boyle, New York University; Max Elder, University of Iowa; and Milton Murray, College of Medical Evangelists.

Commission on Health Needs

The President's Commission on the Health Needs of the Nation, which got off to a controversial start when one of its prospective members belatedly declined nomination to the group, has been very active in the past two months covering and reporting on every phase of the health needs of the American people.

The first formal fact finding of the commission began on March 11 and 12, at hearings on the need for training more doctors and other professional personnel. *Joseph C. Hinsey*, dean of Cornell Medical College and chairman of the AAMC executive council, presided at the hearings. Included on the agenda was testimony on the financial difficulties of medical, dental, nursing and public health schools.

Subsequently the commission arranged and began to hold a series of panel discussions, 25 in all, planned to cover their whole field of interest. Each panel brings together 8 medical and lay experts in the health area under discussion.

The technical section of the commission is now working up a comprehensive inventory of the available data on health resources.

At the hearing on the financial problems of medical and allied professional schools, conflicting testimony was presented. Witnesses generally agreed that the medical education situation was experiencing varying degrees of difficulty, but remedies were by no means unanimously agreed upon.

Dr. Vernon Lippard, dean of the University of Virginia Department of Medicine and chairman of the committee on financial aid to medical education of the Association of American Medical Colleges, held that

medical schools were in serious financial difficulties.

"We can't raise tuition fees any higher because, in so doing, we would be discriminating against the student of limited financial means," Dr. Lippard said.

"We are grateful," he went on, "to private efforts, such as the National Fund for Medical Education and the American Medical Association's own foundation." He added, however, that these aids did not go far enough.

"The answer lies in some form of Federal subsidy such as that proposed in the original S.337 now on the Senate calendar," he asserted.

Dr. Donald G. Anderson, secretary of the AMA's Council on Medical Education and Hospitals, held that reports of medical school financial distress have been exaggerated. The AMA, Dr. Anderson said, had favored one-time Federal grants on a matching basis for construction, but the organization was "unalterably opposed" to Federal subsidies for instruction costs until all other private and state means of support had been exhausted.

John D. Millet, executive director of the Commission on Financing Higher Education, also expressed opposition to Federal subsidies for instruction costs. He proposed the Commission's five point program in lieu of subsidy. This includes more economies of operation; increased state subsidies; increases in gift income; charges to patients for services now given free; and support for medical research from foundations, corporations, and other agencies.

To fill the place of Dr. Gunnar Gunder sen, AMA trustee who declined his appointment, the Commission has announced the appointment recently of Dr. Donald M. Clark. Dr. Clark is president of the Hillsborough (N.H.) Medical Society. In April he headed a commission panel discussion on general practice.

National Health Council Meets

The National Health Council ended its 32nd annual meeting in New York on March 14 with delegates and board members uncertain as to the future role of the

organization in the nation's health program.

Four years ago the Council started a drive to interest urban and rural communities over the country in forming local health councils to direct and coordinate efforts of welfare and social agencies.

Now local councils have been established in 1,300 of the 3,090 counties in the United States. A grant from the Rockefeller Foundation which aided this project has run out, *Philip R. Mather* of Boston, treasurer of the council, reported. The 39 member agencies contributed about \$89,000 in 1951, about half the sum the council plans to spend in 1952, and no one knows where more financial support can be obtained.

In the meantime, Dr. *Albert W. Dent*, chairman of the program development committee, reported that several ventures are being considered. The problem was where the council could best fit into the pattern of established agencies, many of which have special interests in particular diseases or segments of the population.

Some of the agencies now members of the council have aims that may conflict, it was brought out. On legislative matters, their interests may be such that a unified council finds it impossible to take a stand on which all will agree.

Fund raising, Dr. Dent pointed out, is complicated by the fact that members of the council desire to be identified, by name, with studies or projects they have financed. Support from the 1,300 local health councils is unlikely, since many of them are operating on limited budgets.

An effort will be made, Mr. Mather said, to find financial support from a foundation, an individual, or a group interested in one of the projects now under study.

Mrs. *Oswald B. Lord* was elected president of the council at the board of directors meeting which followed the final symposium. Dr. *Robin C. Buerki*, executive director of Detroit's Henry Ford Hospital, was named president-elect.

The Association of American Medical Colleges is a member of the National Health Council.

Dr. Crosby Named to New Post

Dr. *Edwin L. Crosby*, president-elect of the American Hospital Association, has been appointed executive director of the Joint Commission on Accreditation of Hospitals. Dr. Crosby has resigned as director of Johns Hopkins Hospital and will assume his new duties on September 1.

The new executive director was appointed by the board of commissioners, representing the AHA, AMA, American College of Physicians, Canadian Medical Association and the American College of Surgeons.

Experts to Study Hospital Care

Nine experts in technical and administrative aspects of hospital care financing have been appointed to advise the Commission on Financing of Hospital Care in the selection and development of its research projects.

The commission, an independent agency financed by \$500,000 in grants from several foundations, was established "to study the costs of providing adequate hospital services and to determine the best systems of payment for such services."

The new technical advisory committee held its first meeting March 21 and 22 in Philadelphia. It reviewed the findings of regional conferences sponsored recently by the commission to determine the urgent day-to-day problems that are crippling efforts to provide high quality hospital care for all elements of the population.

The commission plans to appoint other special advisory committees and panels of consultants as specific research projects are developed. Members of the technical advisory committee included Dr. *H. B. Mulbolland*, professor of medicine at the University of Virginia, and *Ray E. Brown*, superintendent of the University of Chicago Clinics. Dr. *Arthur C. Bachmeyer*, last year's president of the Association of American Medical Colleges, is a member of the commission.

New York Passes Pound Bill

Governor Dewey, on March 10, signed the Hatch-Metcalf bill, making possible

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requisition of doomed dogs and cats for use in medical research and teaching. In his signatory message the Governor strongly expressed his approval of the measure's passage. Both sponsors of the bill, *George R. Metcalf* and *A. Gould Hatch*, were present in his office at the signing.

The bill had passed both houses of the state legislature by strong majorities. In the Senate, the vote was 34 to 18. The House vote was 103 to 40.

Antivivisectionists fought the bill, both of the bill's sponsors receiving several anonymous death threats. One of these messages promised that the men would not be killed, but reduced to "gibbering, suffering idiots, fit only for more medical experimentation".

Other attacks on the bill came from sources who called it "unconstitutional" and "an invasion of private rights". References were made to the effect that the bill was "socialistic" and "subversive". Humane societies around the state, who operate the pounds with the aid of public funds, threatened to close them if the measure passed. Finally, after both votes had been taken and the measure was only awaiting signature, an amendment was offered by State Senator *MacNeil Mitchell* which provided that all research facilities must pass inspection by the bill's chief opponent, the New York State Humane Society. The move was defeated.

Several medical educators made appearances in Albany in support of the Hatch-Metcalf act, including Dr. *James A. Campbell*, dean of Albany Medical College.

Advisers to Claimant Agency Named

Appointment of thirty-five advisers to the Public Health Service, Federal Security Agency, to assist in the operation of services of the Claimant Agency health and sanitation programs was announced on March 26

by Dr. *Leonard A. Scheele*, Surgeon General.

Twenty-one of the advisers are consultants from the professional public health field. Fourteen are liaison representatives from trade associations dealing with materials required in the health and sanitation programs.

The Federal Security Agency, Public Health Service, under the Defense Production Act, processes all applications for critical materials used in the construction of civilian hospitals and health facilities and has responsibility for the domestic distribution of equipment and supplies needed for civilian health and sanitation activities, exclusive of those required by the Veterans Administration and the Federal Civil Defense programs.

The advisers will assist the Service in estimating, presenting and justifying construction materials requirements. They also will assist the Service in appraising the effects of limitation orders, metal allocations and other controlled materials actions relating to equipment and supplies.

The Surgeon General said the Defense Production Administration has indicated that a sufficient third quarter 1952 allocation of controlled materials would be made to enable the Public Health Service to approve a majority of pending applications. He pointed out that National Production Authority has advised the Public Health Service that copper continues to be in very short supply and that special conservation measures must continue to be applied to the use of this material.

Doctor Scheele added that the Public Health Service is working closely with the National Production Authority to maintain a satisfactory level of production of medical supplies and equipment.

Dr. *Dean F. Smiley* has been named as one of the advisers, to represent the Association of American Medical Colleges.

The Personnel Exchange

To aid in solution of the problem of faculty vacancies, MEDICAL EDUCATION will list persons and positions available, as a free service. The school, department, or person may have the opinion of being identified in these columns or of being assigned a key number for each position listed. Mail addressed to key numbers will be forwarded to the person or department listing the request.

Information for these columns must reach the Journal office not later than the 10th of the month preceding publication. The deadline for the July issue will be June 8.

All mail should be addressed to: MEDICAL EDUCATION, 185 N. Wabash Avenue, Chicago 1, Illinois.

Faculty Vacancies

Resident and Assistant Resident in Clinical Pathology. Approved for entire training, 900 bed hospital, modern equipment, laboratory performs 1000 plus tests daily. Research facilities available, own teaching and research programs. Complete maintenance including room, board, laundry, medical care; plus stipend. Contact Director, Department of Clinical Pathology & Hospital Laboratories, Medical College of Virginia, Richmond 19, Virginia.

Associate Professor or Professor of Biochemistry in a two-year medical school. Appointment to begin June 15 or not later than September 1, 1952. Teaching experience and a developed interest in research required. Address inquiries to Dean, School of Medicine, University of Missouri, Columbia, Missouri.

M.D. or equivalent to assist, eventually be responsible for, research in applied respiratory and cardio-respiratory physiology at mid-western medical school. Opportunity for graduate work toward advanced degree. Studies correlated with nationally integrated program. Contact with outstanding physiologists. Requires ability to present studies at national meetings. Give details of background in correspondence. Address: V-2, MEDICAL EDUCATION.

Applications are invited for the appointment of Professor of Surgery and Chairman of the Department. This is a full-time appointment. Good salary offered with consulting privileges to provide additional income up to a maximum amount set by arrangement with the University. Further particulars obtainable from The Dean, Faculty of Medicine, The University of Manitoba, Medical Buildings, Bannatyne Avenue, Winnipeg, Manitoba.

The Medical School of the National University of El Salvador has vacancies for two American visiting professors; one in pathology, the other in physiology. Both should have a good command of Spanish. The course in pathology (only one is offered) consists of 15 hours per week; 6 theory, 6 autopsy, 3 histopathologic practice. The class will consist of 40 third-year medical students.

The course in physiology is also a 15 hour per week course; 6 theory, 9 in practical laboratory work with animals. About 50 second-year students will be enrolled. Both courses, it is expected, will be patterned after those offered in the United States.

The school is prepared to accept active teachers, retired practitioners, or young graduates who have fulfilled their requirements but not yet entered practice. The term begins May 2, and the University would like to have the two professors begin their duties as soon thereafter as possible. A liberal monthly stipend will be paid in addition to round-trip travel expenses. Appointment is for the full 8 month term, or for a minimum of 6 months. For further information, contact the dean of the Medical School, National University of El Salvador, San Salvador.

Personnel Available

Physiologist: Ph.D. Age 40. Associate professor of physiology in state university. Current research on mammalian temperature regulating mechanisms. Research and teaching experience in undergraduate, graduate and medical school physiology departments. Desires permanent position in medical school. Available September 1, 1952. Address: A-10, MEDICAL EDUCATION.

Physiologist: Man, 36, married, two sons. M.S., Ph.D. candidate, August 1952. Major: Zoophysiology. Minor: Chemistry. Desires teaching and research opportunities in medical school physiology. Five years college teaching; human physiology, histology, microbiology, general zoology. Two years Army medical laboratory; 1½ years industrial chemistry. Currently research associate, American Cancer Society project, (fat metabolism). Available September 1952. Address: A-11, MEDICAL EDUCATION.

Opportunity for teaching and research sought. As preparation completed fellowship medical film evaluation and production, March 1952. M.D., C.M. McGill '40. Rotating internship—2 years, Army surgery (2 years board credit), Residency 2 years plastic surgery (Board eligible), VA (plastic surgery, pathologic anatomy, diagnosis), also has been associated in private practice. Address: A-12, MEDICAL EDUCATION.

Personnel Available

Personnel Available (Continued)

Internist: Certified, 20 years teaching experience in classroom, clinic and at bedside. Clinical research and administration. 60 publications. General and specialty practice. Seeks teaching opportunity as head of department of medical school, hospital or clinic. Available September 1952. Address: A-13, MEDICAL EDUCATION.

M.D. and Ph.D. in *physiology*. Just completing training requirements for boards in *internal medicine*. Teaching and research experience. Age 33. Family. Desires academic position where basic science and clinical interests in teaching, research and practice may be fulfilled. Joint appointment in medicine and physiology preferred. Address: A-14, MEDICAL EDUCATION.

Parasitologist: Man, Ph.D., married. Assistant professor of medical parasitology at present. Desires position with teaching and research in medical or general parasitology. Minor work in bacteriology or zoology. 1½ years experience as assistant professor, 2 years graduate teacher, 3½ years Army parasitologist-bacteriologist. Address: A-15, MEDICAL EDUCATION.

Man, 36, married. M.S., Ph.D., *microbiology*, large eastern university. Desires teaching and research, department responsibilities, school of medicine or university. Experience teaching general and medical bacteriology, and related subjects, direction of graduate students. In present position, with school of medicine, 5 years. Will also consider summer session only, 1952. Available June 1, 1952. Address: A-16, MEDICAL EDUCATION.

Pediatrician with academic grade and highly experienced in teaching, desires full-time teaching position. Address: A-17, MEDICAL EDUCATION.

Bacteriologist: A.B., M.S. in bacteriology. 2 years study toward Ph.D. in *pharmacology*. 2 years research in chemotherapy of parasitic infections. Versed in Warburg techniques. Married, veteran, Sigma Xi, many publications, age 25. Desire position in university as instructor or research associate, with or without option for study toward Ph.D. Available July 1952. Address: A-18, MEDICAL EDUCATION.

Physiologist, age 30, Ph.D. Experience in medical school teaching and research. Desires teaching and/or research position. Address: A-19, MEDICAL EDUCATION.

Certified *internist*, now assistant professor, 35, desires full-time opportunity to combine teaching, research and clinical work in biochemistry and metabolic disease. Publications. Available July 1, 1952 or later. Address: A-20, MEDICAL EDUCATION.

M.S. in *gross and micro-anatomy* June 1952. Desires position as research assistant or instructor where graduate courses in anatomy are available. Man, single, references. Available from Summer, 1952. Address: A-21, MEDICAL EDUCATION.

M.D. desires position as assistant professor of *Radiology*. Experience includes certification in both roentgen diagnosis and radiotherapy including supervoltage therapy; clinical teaching, research and publication. Available January 1, 1952. Address: A-4, MEDICAL EDUCATION.

Pathologist: Professor of Pathology with many publications. Opportunity to develop pathology of cancer by autopsy and surgical specimen studies and by histochemistry. Requirements: medical school connection; privilege of fee collection on private patients or other equitable arrangement; specified minimal income. Address: A-5, MEDICAL EDUCATION.

Man, age 30, Ph.D. in June 1952, with major in *parasitology*, minor in *bacteriology* and *immunology*; desires position with future in teaching and/or research. Experience in teaching and in the diagnosis of intestinal parasites. Sigma Xi and professional societies. Excellent references. Address: A-6, MEDICAL EDUCATION.

Anatomist, long teaching experience. Now associate professor. Publications, admissions committee experience, M.S., M.A., Ph.D. Desires teaching, research or administrative duties where promotions are possible. Available June 1952. Address: A-7, MEDICAL EDUCATION.

Assistant or Associate professor; Ph.D., two years medical school. Numerous publications; awarded two fellowships. Qualified to teach *biochemistry* or *physiology*, especially steroid chemistry and endocrinology. Available September 1952. Salary specification. Address: A-8, MEDICAL EDUCATION.

Ph.D. desires position in *Anatomy* department. 16 years teaching experience in anatomy, embryology, histology in undergraduate and graduate fields. Research and publications in radiation effects and cancer. Address: A-9, MEDICAL EDUCATION.

College News

Albany Medical College

Union University, Albany Medical College, has inaugurated a graduate studies program in the basic science fields. Courses of study leading to both the M.S. and Ph.D. degrees are being offered in anatomy, bacteriology, biochemistry, pathology, pharmacology and physiology. Admission to graduate study will be based on evidence of a superior scholastic record, ability for independent study, and adaptability to the programs available. Tuition for these courses is \$800 yearly. Further information about the program may be obtained directly from the Committee on Graduate Studies, Albany Medical College, Albany 8, New York.

Boston University

Forty-five charter members and 38 initiates became the University's first chapter of the Sigma Xi, at installation ceremonies on April 5. National president *Hugh S. Taylor*, Princeton University, installed the chapter, with national executive committeemen *George A. Baissell*, Yale, and *Frank M. Carpenter*, Harvard. Dr. *Shields Warren*, Boston University graduate, trustee, and head of the Atomic Energy Commission's branch for investigating the after-effects of atomic war, spoke to the new members and guests at the installation dinner. Dr. Warren's topic was "The University and Science: Commensal or Parasite."

The annual meeting of the alumni association was held on the afternoon and evening of May 3. Speakers at the scientific session included Dr. *John W. Streider*, professor of clinical surgery, Dr. *Robert E. Gross*, Ladd professor of children's surgery, Harvard Medical School, and *Joseph P. Lynch*, instructor in surgery. Principal speaker at the banquet in the evening was *Erwin D. Canham*, editor of the Christian Science Monitor, whose topic was "The Chances for Peace".

Dr. *Henry L. Bakst* has been appointed professor of preventive medicine and head of the genital infection department of Boston University and of the Massachusetts Memorial Hospitals. Dr. Bakst takes up his new duties upon the resignation of Dr. *William J. Fleming*, who recently accepted a position as professor of preventive medicine at the University of North Carolina.

University of Buffalo

Dr. *Louis C. Kress*, assistant professor of surgery and director of the Roswell Park Memorial Hospital, died on March 13. Dr. Kress had taught at Buffalo since 1937. He was also director of

the New York State Department of Health's division of cancer control.

University of California, S. F.

Opening ceremonies for the new \$2 million biochemistry and virus laboratory on the Berkeley campus are being planned for October 10. A feature of the dedication program will be a symposium by eight distinguished experts in biochemistry and virology. Construction costs for the building are being furnished by the State government. Special equipment, costing \$250,000, has been provided through funds given by Lederle Laboratories, the National Foundation for Infantile Paralysis, Inc., the Rockefeller Foundation, and the University of California.

A new laboratory for work on chronic diseases has already begun operation at the medical school. Dr. *Peter Forshaw* is director of the new unit, which was brought to reality through the planning of Dr. *William Kerr*, professor of medicine.

A number of distinguished foreign physicians have been recent guests on the medical school campus. These include Dr. *Sorn Mettiyawongse*, of Thailand, a clinical affiliate on the house staff of the University Hospital, Dr. *M. J. Dallemane*, Belgian authority on bone salt metabolism, and Dr. *Ernest Jokl*, South African physiologist.

Chicago Medical School

The final lectures in the 1952 series on heart and circulation will be held on May 14 and 21. "The Controversy of Congestive Failure" will be discussed on the 14th by Dr. *Donald H. Alles*, associate professor of medicine. On the 21st, Dr. *Willis J. Potts*, surgeon-in-chief of Children's Memorial Hospital, will talk on "Surgery of Congenital Heart Disease".

Dr. *Philippe Shubik*, coordinator of oncology, has received a \$25,000 renewal grant for cancer teaching from the National Cancer Institute, and \$5,000 for continued work on carcinogenesis. Dr. *Israel Davidsohn*, professor and chairman of the department of pathology, has received a U. S. Public Health Service renewal grant of \$13,068 for studies on antibodies in inbred mouse strains with low and high tumor incidence. A new grant of \$4,320, from the National Heart Institute, has been awarded to Dr. *Hans Elias*, assistant professor of anatomy, for studies on the three-dimensional structure of the human adrenal cortex.

College News

University of Chicago

Dean *Lowell T. Coggeshall* flew to Liberia recently to attend the dedication of the American Foundation of Tropical Medicine. While in Liberia, Dr. Coggeshall also attended the inauguration of that country's new president, *W. S. Tubman*.

A reunion banquet for medical school alumni will be held on Wednesday, June 11. The time has been selected to coincide with the A M A convention in Chicago and plans are being made by Dr. *George V. LeRoy*, chairman of the reunion committee, for 500 or more guests.

The 25th anniversary celebration for the School of Medicine, Billings Hospital and the University Clinics, has been tentatively scheduled for October 3 and 4. In conjunction with the celebration, the first Phemister lecture will be given on the evening of October 2. Dr. *Paul C. Hodges* is in charge of arrangements.

Dr. *Rose E. Sternheimer* has accepted a part time appointment as assistant professor in anesthesiology. Dr. *George C. Wells* has been named assistant professor in dermatology.

Dr. *Ralph Stayner Lillie*, professor emeritus of physiology and zoology, died on March 19 at Billings Hospital. He was 76.

University of Cincinnati

Dr. *Harvey C. Knowles, Jr.*, instructor in medicine, has been designated by the John and Mary R. Markle Foundation as a Markle Scholar in medical science. The award carries a five year grant of \$30,000 overall to the University to support Dr. Knowles' activities. He is the only scientist at an Ohio institution to be honored by the Foundation in 1952, and the second currently at the university.

Columbia University

The College of Physicians and Surgeons was host, on March 22, to more than 250 of its graduates who had returned to mark the 93rd anniversary of the school's alumni organization. Present were 15 members of the class of '02, and a member of the class of '95. Dr. *George H. Humphreys 2d*, director of surgery, spoke on "Surgery of Congenital Heart Disease".

On April 2 the alumni association elected Dr. *Louis M. Rousselot* as its president. Dr. Rousselot is director of surgery at St. Vincent's Hospital, New York.

Cornell University

Alumni of the Medical College held their annual meeting on April 18 and 19 in New York City. Addresses were given by Dr. *Jack Masur*, assistant surgeon general of the U. S. Public Health Service, Dr. *Max B. Lurie*, of the

Henry Phipps Institute, Philadelphia, and Dr. *Henry H. Kessler*, director of the Kessler Institute for Rehabilitation, all Cornell graduates.

The annual award for distinguished service to medicine was conferred on Dr. *Nils P. Larsen* by University President *Deane W. Malott*. A special feature of the meeting was a symposium on medical practice, presented by six visiting graduates, designed to assist in the orientation of undergraduates toward problems they will encounter in their future careers.

Dean *Joseph C. Hinsey* was the speaker at luncheon on the 19th. Writing for the Winter 1952 issue of the Cornell University Medical College Quarterly, Dean Hinsey called attention to the hazards that face medical education in this era of inflation, listing the five major problems as: 1) financial instability; 2) over-expansion of student enrollment; 3) reversion to didactic, spoon-feeding type of programs; 4) too great expansion of research work; and 5) assumption of service functions far beyond the needs for education and the facilities for high-grade performance."

Establishment of a Henry E. Dodge Medical College scholarship fund has been announced. The fund was begun by a gift of \$25,000 constituted as a trust fund to provide ultimately for tuition scholarships at Cornell Medical College.

Members of Cornell University Medical College alumni association who are attending the A M A meetings in Chicago are invited to attend a luncheon on Thursday, June 12. The luncheon is being arranged by Dr. *Dean F. Smiley*, with further details available at the registration desk. Dean Hinsey will give recent news of the College.

Dr. *Konrad Dobriner*, a member of the Sloan-Kettering Institute for Cancer Research and professor of biochemistry, died on March 10 in Memorial Hospital. He was 50 years old.

Duke University

The newest wing of the Duke Medical Research building has been completed and is being occupied by members of the department of biochemistry and nutrition, Dean *Wilbert C. Davison*, the division of experimental surgery, a virus research team, a high altitude research chamber, and several other research groups. The new building has been named the W. B. Bell Medical Research Building. Its construction was made possible by a grant of \$200,000 from the National Cancer Institute, \$44,000 from the National Heart Institute, and \$150,000 from Duke University.

Dr. *William de Maria*, instructor in pediatrics, has been named a scholar in medical science by the John and Mary R. Markle Foundation. This grants the recipient \$30,000 to be distributed

over a five-year period. Dr. de Maria is the fourth Duke pediatrician to be so named.

Sixty-five members of the Southern Neurosurgical Society held their annual meeting on campus, April 11 and 12. Highlights of the two day session included a presentation of modern motion picture photography in audiovisual techniques of teaching neuroanatomy by Dr. Joseph E. Markee, chairman of the department of anatomy, and a paper on the modern treatment of gunshot wounds of the brain by Lt. Col Arnold Meirrowsky and Capt. Philip Dodge.

Emory University

Two postgraduate courses will be offered next fall by the School of Medicine. One, on general medicine and surgery, will run the week of October 6; the other, on cardiology, the week of October 20. The first is open to general practitioners of the region, and will be given by Emory with the Medical Association of Georgia and the Georgia chapter of the American Academy of General Practice.

Guest speakers scheduled for the cardiology course are Dr. George E. Burch, professor of medicine, Tulane University Medical School; Dr. Richard Bing, professor of experimental medicine and clinical investigation, Medical College of Alabama; and Dr. Eugene Stead, professor of medicine, Duke University Medical School.

George Washington University

Two grants for care and clinical research in cancer have been received from the Alexander and Margaret Stewart Fund. The fund has awarded \$25,000 for home care of patients too ill to attend the clinic but not requiring hospitalization. An additional \$20,184 has been awarded for research to evaluate methods of treating cancer patients beyond the help of routine surgical or x-ray therapy. Both grants continue projects in progress previously supported by the Stewart Fund under the direction of Dr. Calvin T. Klopp.

A grant of \$10,000 has been received from the Lasdon Foundation, for laboratory and clinical studies in tuberculosis. Co-investigators will be Drs. Sol Katz, adjunct clinical professor of medicine, and Monroe J. Romansky, associate professor of medicine. Studies will be made on the effects of various drugs, including isonicotinic derivatives, streptomycin, and PAS on the tubercle bacillus in the laboratory and with patients.

Dr. Roger M. Choisser, professor of pathology, was named recently as the George Washington University Medical Society's outstanding physician of the year. Dr. Choisser, chairman of the selection committee for the past 12 years, found himself suddenly ousted from the chairmanship

when it appeared that the balloting was approaching landslide proportions.

Dr. John P. McGovern, assistant professor of pediatrics, has received \$8,000 in grants for work in the use of new drugs in the treatment of infants and children. A grant of \$3,500 from Charles Pfizer & Co., Inc., will be used for studies of various aspects of antibiotic therapy, and a White Laboratories grant of \$4,500 will be used to evaluate molybdenum as a therapeutic agent in treating iron deficiency anemias in infants and children.

Georgetown University

The H. C. Hachmeister lecture in pharmacology for 1952 is being delivered by Dr. George B. Koule on Thursday, May 8th. The subject of the lecture is "Pharmacological and Therapeutic Significance of Anticholinesterase Drugs".

Hahnemann Medical College

Dr. William S. Sutherland, clinical professor of ophthalmology and senior attending physician at Hahnemann Hospital, died on March 14 at the Hospital. His age was 56.

University of Illinois

Dr. Henry G. Poncher, professor and head of the department of pediatrics, has resigned his appointment effective August 31 to enter private practice in Valparaiso, Indiana, where he resides. Dr. Poncher will devote his time to a general family type of practice, excluding obstetrics and surgery. He has also accepted a part time position as medical director at nearby Valparaiso University, and as visiting professor of human biology.

Miss Mary L. Hemmy, presently director of the social service department of Washington University Clinics and Allied Hospitals, has been appointed head of the newly-established department of social work, effective July 1. The new department will offer course work to students in the College of Medicine and in the School of Social Work on the Urbana campus.

The 9th annual D. J. Davis Lecture on Medical History was given on April 9 by Dr. Erwin H. Ackermann, professor of the history of medicine at the University of Wisconsin, whose topic was "Diseases in the Middle West".

Dr. Hiram T. Langston, who will head the department of surgery at the new Chicago State Tuberculosis Sanitarium, has been appointed clinical associate professor of surgery. Dr. Theophile A. Alajouanine, distinguished French clinical neurologist, has been appointed visiting professor of neurology for three months, beginning April 1. Another French scientist, Dr. Bruno Minz, *maitre de recherches* at the laboratory of

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general physiology at the Sorbonne, is spending six months as visiting research professor of pharmacology at the College of Medicine.

Recent grants: \$2,000 from the Wander Company for research on nutrition by Dr. K. S. Kim; \$1,600 from Abbott Laboratories, partial support of a study of connective tissue by Dr. Max Samter; \$900 from Armour and Company, additional grant to Dr. Louis R. Limarzi for investigation of blood diseases.

Indiana University

A year's leave of absence has been granted to Dr. Donald J. Caseley, medical director of the Indiana University hospitals. Dr. Caseley has been named associate director of the Commission on Financing Hospital Care, in charge of medical phases of the commission's study.

Dr. Roy H. Behnke, instructor in medicine, effective July 1, has been named as the first candidate from Indiana to receive a grant from the John and Mary R. Markle Foundation. Dr. Behnke, a 1946 graduate from the School of Medicine, will receive \$30,000 for a five year period.

Dr. Frank Miller and Dr. Maressa Hecht Orzack have been appointed research fellows in ophthalmology. Dr. William C. Clark has been named assistant professor of biochemistry and pharmacology, on a part time basis until the end of the present school year. Dr. Clark is presently at the University of Illinois.

The annual alumni day for the medical school will be held on May 14.

State University of Iowa

Dr. Charles Davidson May, currently associate professor of pediatrics at the University of Minnesota, has been appointed professor and head of the department of pediatrics, effective July 1. He succeeds Dr. Philip C. Jeans, the retiring department head.

Two other new department heads will assume the duties of their positions on July 1. Dr. Henry B. Ball, now professor of chemistry at Northwestern medical school, has been named professor and head of the department of biochemistry. Dr. John H. Randall will succeed Dr. E. D. Plass as head of obstetrics and gynecology. He has been acting head of the department since 1950, when Dr. Plass relinquished his duties because of ill health.

Dr. Franklin H. Top, at present professor of epidemiology at Minnesota, is the fourth new department head. Dr. Top has been named professor and head of the department of hygiene and preventive medicine.

Slated to retire to part time service, in addition to Drs. Jeans and Plass, are four other veteran

teachers. They include Dr. Henry A. Matill, now professor and head of the department of biochemistry; Dr. Robert B. Gibson, professor of biochemistry with 33 years service on the faculty; Dr. Ira H. Pierce, professor of pharmacology; and Dr. Milford E. Barnes, head of preventive medicine since 1930.

Johns Hopkins University

Johns Hopkins Hospital and University have received subscriptions of \$4,155,000 to their "assurance fund" during its first year of operation, Dr. Luke Hopkins, president of the Johns Hopkins Fund announced recently. A fund of \$6 million in addition to the normal flow of gifts is sought, to be used over a five year period as a stable operating base for the hospital and university when they enter on their long term development program.

Subscriptions to the "assurance fund" thus far include \$1,893,000 from trustees, \$1,765,000 from individuals and industry in Baltimore, and \$496,000 from individuals and corporations in other parts of the nation.

Other gifts last year totaled \$2,283,000 to the university and \$412,000 to the hospital.

Dr. William L. Straus, Jr., an associate professor of anatomy at the School of Medicine since 1943, has been appointed professor of physical anthropology at the University. A faculty member of the medical school since 1927, Dr. Straus will work from a laboratory on the Homewood campus and teach a course in the biology department.

Mayo Foundation

Dr. E. H. Lambert has been notified by Air Force Surgeon General Harry G. Armstrong that he is the first recipient of the Arnold D. Tuttle Memorial Award. The award is to be given each year to the person whose paper has been judged the most significant in terms of its research value from among those published in the Journal of Aviation Medicine during the previous year.

Dr. Alan R. Moritz, professor of pathology at Western Reserve University, delivered a lecture on March 6 on "Unsuspected Murder—A Medical Responsibility". On March 20, Dr. Otto Krayer, head of the department of pharmacology at Harvard Medical School, spoke on "Recent Studies on the Cardiovascular Effects of Veratrum Derivatives".

College of Medical Evangelists

Recent decisions by the board of trustees of the College included July 1 appointment of Dr. Donald Griggs as head of the department of internal medicine, and staff appointments to Drs. Orville Thompson, Clarence Collier, Carl Cook, Hal Wilson and Julius Zelman.

A grant of \$32,353 from the U. S. Public Health Service, to cover a four year period, will continue to support the research on poisonous fish being conducted by the School of Tropical Medicine.

The new \$100,000 clinical laboratory building on the Loma Linda campus has been completed. Dr. Carroll Small and his laboratory assistants have moved in. Planned for the near future is an open house for employees, residents of the neighboring community and professional friends.

The School of Medicine class for admittance in Fall, 1952, has already been selected. All but four of the 96 prospective students were selected from denominational campuses. Dean Harold Shryock stressed in his announcement that acceptance and rejection ratios from each of the campuses were the same. The new students will arrive on campus August 27.

On March 30 Dr. Robert Chinnock was named acting head of the department of pediatrics on the Los Angeles campus.

President Walter E. Macpherson flew to Oslo on April 8 to attend a meeting of the Northern European Medical Council on April 10 to 14. While in Europe Dr. Macpherson visited medical institutions in Britain and the Scandinavian countries. He arrived back on campus on May 4.

A short course in medical economics for senior medical students began on April 29. The course consists of six lectures by industrialists and businessmen on such topics as property, credit, banking, insurance, investments and taxes.

University of Minnesota

The University will inherit almost \$400,000 in securities plus an interest in West Virginia coal lands from the estate of the late George S. Clark. Under the terms of the will, the bequest is to be used "for the purpose of founding and endowing a research professorship in medicine." The will states further that the research be primarily in the field of hypertension. Direct supervision of the fund is to be in the hands of medical school officials, specifically the dean and the head of the department of medicine. They are, if the problem of hypertension should be considered solved, to redirect the fund toward the solution of "any similar worthy problem in research medicine whose solution would contribute greatly to humanity at large."

Dr. Olof Larsell, head of the department of anatomy at the University of Oregon Medical School, has been appointed professor of neuroanatomy to succeed Dr. A. T. Rasmussen. Dr. Larsell's appointment becomes effective at the beginning of the first summer session.

Dr. Leonard F. Peltier, clinical instructor in orthopedics, has been named a scholar in medical science of the John and Mary R. Markle Foundation.

Two continuation courses are scheduled in the near future. The first is a course in eye, ear, nose and throat from May 12 to 14, for general practitioners. Dr. Erling W. Hansen, director of the division of ophthalmology, and Dr. George M. Tangen, clinical assistant professor, division of otolaryngology, are co-directors of the course.

A course in allergy and hematology will be given from May 15 to 17, primarily intended for general practitioners. Dr. Will Cook Spain will be visiting faculty member for the course, which Dr. C. J. Watson, director of the department of medicine, will head.

University of Mississippi

Dr. A. C. Guyton, professor of physiology, was named by the National Junior Chamber of Commerce as one of the 10 outstanding young men in the United States in 1951. Dr. Guyton was honored for basic cardiovascular research and the development of new methods of physiological research. On March 12 and 13 Dr. Guyton participated in seminars at Greenwood and Oxford devoted to cardiovascular disease.

Dr. W. V. Hare, professor of pathology, and Dr. David S. Pankratz, dean of the School of Medicine, participated in a recent symposium offered as a two day course on "The Development of the Doctor's Office as a Cancer Detection Center".

Dr. Edgar Hull, professor of medicine at Louisiana State University, spoke on February 1 on "The Decline and Fall of Physical Diagnosis".

New York Medical College

The 15th annual hobby show sponsored by students at the College was broadened this year to include entries by every one connected with the institution, even the patients at affiliated hospitals. The show, which opened on March 19 and continued through March 21, had exhibits of handicraft done by child patients at Metropolitan Hospital, art work by patients at the clinic for retarded children, and several unusual displays, in addition to the regular collections shown by students and staff doctors.

One freshman medical student, who makes guns as a hobby, displayed his skill as a gunsmith. A staff physician exhibited plants grown under fluorescent lighting. Special exhibits were shown by the College medical illustrator and the staff medical sculptor.

College News

New York University

The second unit of the New York University-Bellevue Medical Center, a \$7,500,000 medical science building, has begun. Scheduled for completion in the summer of 1953, the new unit is expected to house the principal facilities of the College of Medicine, the Post-Graduate Medical School, the medical libraries, the Berg Institute for research in experimental pathology, physiology and surgery, and space for student activities.

Dr. Gordon W. Douglas has been selected as one of this year's recipients of the John and Mary R. Markle Foundation's grants as scholar in medical science.

Dr. Samuel A. Brown, vice-chairman of New York University-Bellevue Medical Center, died on March 16 in Florida. He was 78 years old.

State University of New York—Brooklyn

The College of Medicine observed two anniversaries in April. The first was on April 6, when ceremonies were held on the 2nd anniversary of incorporation into the State University of New York. On the 26th of the month, alumni day, the school's 95th anniversary as the Long Island College of Medicine, was observed.

Dr. Jean A. Curran, dean of the school, noted recent advances in available research facilities. He included in these a new cardiac-pulmonary research laboratory at Brooklyn Hospital and new medical-surgical laboratories at Maimonides Hospital. In addition, the \$250,000 research unit on the grounds of Brooklyn State Hospital is nearing completion.

In discussing the growth of the school, Dr. Curran said it is vital to maintain high standards of instruction, and to continue to look after the individual needs of students.

Dr. Merle H. Hormel has been appointed head of the recently established department of anesthesiology. He will also be head of anesthesiology at Kings County Hospital.

State University of New York—Syracuse

Dr. Davis G. Johnson was recently appointed assistant dean for student personnel and assistant professor of psychology at the College of Medicine. Dr. Johnson assumed his duties on March 1. Previously, he had been associated with the Vocational Counseling Service, Inc., of New Haven.

Dr. Roger C. Graves, clinical professor of urology at Tufts, delivered the annual George Birney Broad lecture in gynecology on March 18. His topic was "Bladder and the Ureter in Gynecology". Dr. Harry Eagle, chief of experimental therapeutics of the microbiological institute, National Institutes of Health, spoke before Alpha Omega Alpha on March 28. His topic was "Fac-

tors Modifying the Therapeutic Effects of the Antibiotics".

A grant of \$7,500 from the Atomic Energy Commission will be used to continue the research program on total irradiation of rabbits begun by Dr. J. Howard Ferguson, professor and chairman of pathology, and Dr. Martin F. Hilfinger, Jr., assistant professor of pathology. A grant of \$2,500 from Ciba Pharmaceutical Products, Inc. will continue to support a project in endocrinology by Dr. Charles W. Lloyd, assistant professor of obstetrics. Dr. Alfred E. Farab, associate professor of pharmacology, has received a grant of \$3,600 from the Sterling Winthrop Research Institute for work on diuretics.

University of North Carolina

Dr. John F. Fulton, Sterling professor of the history of medicine at Yale, delivered the first Ross Herman Jennings Bryson Memorial lecture on March 28. His subject was "The History of Neurology in the Seventeenth and Eighteenth Centuries."

Dr. W. P. Richardson, currently research professor of public health administration and head of the department of field training in the School of Public Health, has been appointed professor of preventive medicine and assistant dean in charge of continuation education. Dr. David A. Young, superintendent of the North Carolina Hospitals Board of Control, has been named clinical professor of psychiatry.

Other appointments include: Drs. Ernest Craigie, Isaac M. Taylor, Jeffress G. Palmer, assistant professors of medicine. Dr. Thomas B. Barnett, instructor in medicine; Dr. Richard M. Peters, assistant professor of thoracic surgery, Dr. Colin G. Thomas, Jr., assistant professor of general surgery. Drs. John B. Hill and Gabriel P. Tucker, Jr., assistant professors of pharmacology.

University of North Dakota

Priorities have been obtained as of April 1 that will permit plans for the addition to the School of Medicine building to proceed. A contract for approximately \$700,000 has been let and groundbreaking ceremonies have been set for May 15.

The new building, to house offices, laboratories and animal quarters, will double the size of the present medical school installation.

Northwestern University

Four lectures remain in the weekly series of free public talks by members of the medical school faculty. On May 14 Dr. Abraham Levinson, professor of pediatrics, will speak on "The History of Pediatrics". Dr. William J. Ford, instructor in medicine, will talk on May 21 on John

Hunter, 18th century British anatomist, and May 28 Dr. William B. Wartman, professor of pathology, will discuss the history of tumors. The final lecture will be delivered on June 4 by Dr. Herbert Rattner, professor of dermatology. Dr. Rattner's subject will be "Ordinary Baldness".

University of Oklahoma

New construction has greatly increased facilities at the School of Medicine and the University Hospitals. The new addition to the medical school building has doubled available floor space, with library facilities almost tripled. A nine story addition to the University hospitals, nearing completion, will give five floors for use by the outpatient clinics, a 450 per cent increase in facilities. The top four floors are designed as a 60 bed neuropsychiatric hospital.

Construction of an addition to the Crippled Children's Hospital has begun, which will provide more beds, an enlarged outpatient department and a greatly improved department of physical medicine.

Enlargement of the physical plant has enabled the medical school to increase class enrollments from 64 four years ago to 100 in the fall of 1951.

Use of up to 20 per cent of the facilities and funds of the Oklahoma Medical Research Foundation has been offered to faculty members of the School of Medicine. The Foundation is a privately owned, non-profit organization, supported by private funds, which is located adjacent to the school and connected by a subterranean passageway. The Foundation was first conceived in 1942 by a group of the school's alumni. Members of the foundation's scientific staff have all received academic appointments as research professors or associate research professors.

Dr. Stewart G. Wolf, formerly associate professor of medicine at Cornell Medical College, has been appointed professor and head of the department of medicine. Dr. Robert M. Bird, formerly instructor in medicine at Cornell, has been appointed associate professor of medicine.

University of Oregon

Open House at the Medical School is one of this year's features at the May 7-9 meeting of the alumni association. Alumni will be conducted on campus tours by senior medical students. In conjunction with the annual meeting, as in previous years, the Sommer Memorial lectures will be held. Guest speakers for the lectures are Dr. Reed M. Nesbit, professor of surgery at the University of Michigan, Dr. David P. Barr, Cornell Medical College professor of medicine, and Dr. LeRoy C. Abbott, professor of orthopedic surgery at the University of California.

Guest speaker at the first annual Phi Beta Pi

lecture on April 4 was Dr. Hans Lissner, clinical professor of medicine at the University of California. His topic was "The Indications, Benefice, and Proper Use of Thyroid Substance".

University of Pennsylvania

The annual Undergraduate Medical Association exercises were held at the School of Medicine on April 9. Featured at the exercises were reports on 13 medical experiments conducted during the year by undergraduates under the supervision of faculty preceptors. Also featured were addresses by Dr. C. N. H. Long, dean at Yale School of Medicine, and Dr. A. R. Dochez, emeritus professor of surgical and medical research, Columbia College of Physicians and Surgeons. Dr. Long spoke on "The Endocrine Regulation of Carbohydrate Metabolism." Dr. Dochez' topic was "Some Observations on the Development of Medical Science".

Medical affiliation of the Philadelphia Skin and Cancer Hospital with the Graduate School of Medicine was recently announced. The hospital is to be developed as a teaching center for graduate students and preceptors, with all medical schools in the Philadelphia area invited to participate eventually in the plan.

The cornerstone of the new Thomas Sovereign Gates Memorial Pavilion was sealed into place during appropriate ceremonies on March 21. The 11 story building will be used to house the medical school's outpatient clinics, expanding facilities to accommodate 400,000 visits annually, instead of the present 115,000. Robert T. McCracken, chairman of the University's board of trustees, spoke on the occasion. Earlier in the month Dr. Kendall A. Elsom, associate professor of clinical medicine, was named director of the group diagnostic clinic, which will be housed in the pavilion.

Dr. Truman G. Schnabel, Jr., associate in medicine, has been named a scholar in medical science by the John and Mary R. Markle Foundation. The five-year, \$30,000 award will enable Dr. Schnabel to continue his investigations of cardiovascular dynamics.

Three members of the medical school faculty are participating in the 2nd annual International Course in Anesthesiology being given in Copenhagen under sponsorship of the World Health Organization. They include Dr. Robert D. Dripps, chairman of the department of anesthesiology, and Drs. James E. Eckenhoff and Paul K. Dumke, both assistant professors of anesthesiology.

Four-year courses leading to bachelor's degrees in medical and radiological technology will begin next fall in the School of Auxiliary Medical Services. Applications are being accepted now for prospective first year students only.

College News

University of Pittsburgh

A postgraduate symposium on the basic sciences related to anesthesiology is scheduled to be held June 2 through 6, with registration limited to 50 participants. The course is to be given in cooperation with the departments of anesthesiology of St. Francis, Allegheny General and Mercy Hospitals. Full particulars can be obtained from the chairman of the committee on graduate medical education at the School of Medicine.

University of Puerto Rico

Dr. Harold W. Brown, former director of the school of public health at Columbia University, took office on April 20 as acting dean of the College of Medicine. Dr. Brown had been the official adviser two years ago when the medical college was established, mapping courses and selecting the continental American faculty.

Saint Louis University

Dr. Melvin A. Casberg, who resigned as dean of the School of Medicine on January 1 to become vice-chairman of the Armed Forces Medical Policy Council, was named chairman of the council on April 1. Dr. Casberg succeeded Dr. W. Randolph Lovelace II.

Dr. Max Thorek, professor of surgery at Cook County Graduate School of Medicine, delivered the annual Phi Chi lecture on March 26. Dr. Thorek spoke on "Death under Anesthesia".

On April 1 Dr. Walter C. Alvarez delivered the annual William H. Vogt lecture at the School of Medicine. He spoke on the "Art of Diagnosis".

University of South Dakota

Eighteen graduate students and faculty members at the University will be initiated in the University of Iowa chapter of Sigma Xi at Iowa City on May 13. Among the full members to be inducted will be Dr. Earl B. Scott, assistant professor of anatomy, Dr. Edwin Shaw, professor of biochemistry, and Dr. J. C. Ohlmacher, director of the State Health laboratory. Among associate members to be inducted will be Dr. Lewis Michalek, assistant professor of pharmacology, and Norman A. Trotter, instructor in microbiology.

University of Southern California

Dr. Robert R. Commons, assistant clinical professor of medicine, has been elected chairman of the western section of the American Federation of Clinical Research.

Southwestern Medical School

The U. S. Public Health Service has awarded \$13,296 to Dr. Andres Gots, professor of phar-

macology, for a two year study of tissue metabolism in experimental hypersensitivity.

Dr. E. E. Muirhead, professor of pathology, has recently presented a series of lectures at VA hospitals in Arizona.

Students and faculty members were active participants in the March 17-20 spring conference of the Dallas Southern Clinical Society. Dean George N. Aagaard was among the list of distinguished guest speakers. Earlier, Dean Aagaard had delivered two talks before the meeting of the District One Medical Association in El Paso.

Stanford University

The 70th course of popular medical lectures was given recently at the School of Medicine. Presented fortnightly from March 26 through May 7, subjects included "The Prevention of Childhood's Greatest Killer", Dr. Esther Bridgeman Clark; "How Blood Banks Function", Dr. DeWitt K. Burnham and "The Age of Medical Miracles", Dr. Anthony J. J. Rourke. The final talk, delivered by Dr. Lyman M. Stowe was entitled "Natural Childbirth—What It Is and What It Isn't".

Registration is now open for the September 15 to 19 post-graduate courses for practicing physicians. Enrollment in all courses is limited. Each physician may register for one morning and one afternoon course, or for one all-day course. There will be all day courses in internal medicine and therapeutics; general surgery and surgical anatomy; and cardiology. Morning courses include general medicine; fractures and trauma to soft tissues; obstetrics and gynecology; and dermatology. Afternoon courses will be proctology, pediatrics, psychiatry, and a course in arthritis and rheumatic diseases.

Temple University

The legislature of the State of Pennsylvania has appropriated \$1,375,000 for maintenance of the School of Medicine during the 1951-53 biennium.

A grant of \$117,962.82 has been received from the Samuel S. Fels Fund to support work of the Fels Research Institute. Other recent grants include a U. S. Public Health Service award to Dr. J. R. R. Bobb, department of pharmacology, of \$4,999. Dr. Bobb also received a Public Health Service grant of \$2,625 for experimental studies of endocarditis and glomerulonephritis.

Bquests have been made to the medical school recently from three estates. These included a bequest of \$40,000 from the estate of Frances McC. Patterson; \$5,000 from the estate of Robert H. Weeder; and \$2,598.26 from the estate of Elizabeth Hobson.

Dr. *Cecil Watson*, University of Minnesota, was guest speaker at the annual banquet of Alpha Omega Alpha. Dr. *F. F. Snyder*, associate professor of obstetrics and gynecology at Harvard, delivered the annual Phi Delta Epsilon lecture on March 24.

Dr. *Louis Cohen*, clinical professor of medicine, died on February 23. He was 52 years old.

University of Tennessee

The College of Medicine has announced plans to honor the student of each graduating class "who has overcome the most difficulties in obtaining a degree." A prize will be given each quarter to a student selected by a committee of his classmates, with the aid of *F. J. Montgomery*, director of student welfare. Funds for the award were contributed by Dr. *Charles C. Verstandig*, a 1939 graduate.

Teaching fellowships are available in the division of chemistry, School of Biological Sciences, to qualified graduate students who will be candidates for either the master's or doctor's degrees in biochemistry. Appointments extend for 10 months from September 1. Further details are available from Dr. T. P. Nash, University of Tennessee, 874 Union Avenue, Memphis 3.

Dr. *Arliss H. Tuttle*, research associate in pediatrics, is one of the recently appointed scholars in medical science of the John and Mary R. Markle Foundation. Dr. Tuttle's research projects are concerned with pediatric hypertension and acute nephritis, and anemia in premature infants.

Foreign honors have recently been bestowed on two faculty members. Dr. *Donald B. Zilver-smit*, assistant professor of physiology, received a medal and a letter from Queen Juliana of the Netherlands, for services in the Dutch Army during World War II. Dr. *Nils Lofgren*, on leave of absence from the University of Stockholm, received the Norblad Ekstran Medal from the Swedish Chemical Society for his work on "systematic investigations of local anesthetics, especially Xylocaine".

University of Texas—Medical Branch

A Southwest Regional Conference on Pre-Professional Health Education will be held May 15 through 17 at the Medical Branch. Joint sponsors are the Medical Branch, the Texas Academy of Medicine and the National Honorary Pre-Medical Society. Discussions will center around opportunities for training in all of the health fields. Representatives from national organizations in health fields will participate.

Dr. *Chauncy D. Leake* has been given a leave of absence to do special work on old Egyptian medical papyri at the Institute for Advanced Study, Princeton. While in the east, Dr.

Leake will give a series of talks on the subject of the papyri.

Dr. *Harold G. Scheie*, clinical professor of ophthalmology at the University of Pennsylvania, delivered the annual John McReynolds lecture in ophthalmology on April 18, speaking on retinal vascular changes in hypertension. On April 1 *F. Ashley Montagu*, Rutgers anthropologist, spoke on "Maternal Deprivation and Problems of Personality".

Guest speakers during March included Dr. *Paul Weiss*, director of the division of biology, University of Chicago; Dr. *Stuart Mudd*, University of Pennsylvania professor of microbiology; and Dr. *George Wald*, professor of biology at Harvard. Other March speakers were Dr. *Helen B. Taussig*, professor of pediatrics at Johns Hopkins, talking on congenital heart disease; and Dr. *Elmer Belt*, Los Angeles urologist. Dr. Belt spoke on March 27 commemorating the 500th anniversary of the birth of Leonardo da Vinci.

Dr. *Charles M. Pomerat*, director of the tissue culture laboratory, is continuing his tour of European cytology research centers. Dr. Pomerat will return to the United States at the end of May, after having visited laboratories in Paris, Milan, Zurich, Basel, Strasburg and Cambridge.

Dr. *Melvin A. Schadewald* has been named assistant professor of pharmacology and toxicology.

Tufts College

Dr. *W. Eugene Knox* has been appointed associate professor of biochemistry, the appointment to become effective July 1.

Vanderbilt University

Dr. *Barney Brooks*, professor of surgery, died in Vanderbilt Hospital on March 30 following a cerebral hemorrhage. He was 67. He had been professor of surgery and surgeon-in-chief at Vanderbilt Hospital from 1925 until his retirement to emeritus status last year.

University of Virginia

A new auditorium, first of three medical school additions to be completed, was officially dedicated March 14. Containing a seating capacity of 240, the auditorium occupies the two lower levels of a five story addition to the Department of Medicine. The upper three floors will be classrooms. Other buildings nearing completion are a 6 story laboratory building and a cancer unit.

Guest speakers at the April 18 postgraduate conference on infectious diseases included Dr. *Harrison F. Flippin*, associate professor of medicine, University of Pennsylvania, and Dr. *George T. Harrell*, professor of medicine at Bowman Gray.

College News

University of Washington

Dr. Henry Schmitz, dean of agriculture and forestry at the University of Minnesota, was selected on March 16 to become the new president of the University of Washington.

Washington University

Dr. Carl A. Moyer, Bixby professor and head of the department of surgery, delivered the 3rd annual M. G. Seelig lecture on March 19, his topic being "Development of Fluid Replacement Therapy in the Acute Care of Trauma with Special Emphasis on Burns". On April 2 Dr. Otto Loewi, research professor in pharmacology at New York University, was a guest lecturer at the School of Medicine.

The annual Robert J. Terry lecture was given on April 9 by Dr. James L. Gamble, professor emeritus of pediatrics at Harvard Medical School. Dr. Gamble spoke on the "Early History of Fluid Replacement Therapy".

A six lecture course in management of mass injuries, for medical and dental students, was instituted on March 25. The first lecture was given by Dr. Gustav Dammin, head of the department of pathology. Other lecturers include Drs. Carl A. Moyer, Henry G. Schwartz, professor of neurosurgery, E. B. Alvis, instructor in clinical ophthalmology, and Douglas Eastwood, assistant professor in anesthesiology.

Wayne University

A declaration of intent between the University and the Michigan Department of Mental Health, to carry on a cooperative program in the field of mental health in Detroit, has been approved by the Board of Education. According to terms of the agreement, the Department of Mental Health will erect a Neuropsychiatric Institute in the area adjacent to the College of Medicine. The University will be responsible for the establishment and execution of a teaching program satisfactory to both parties.

Dr. Carl C. Coolbaugh, instructor of anatomy, has been awarded a national research fellowship by the Arthritis and Rheumatism Foundation. He will investigate the effects of reduced blood supply on bone.

University of Wisconsin

Dr. Clinton N. Woolsey, department of physiology, has been invited to give the 21st annual James Arthur lecture at the American Museum

of Natural History, New York City on May 7. Dr. Woolsey's subject is "Evolution of the Brain".

Dr. Richard E. Shope, of the Rockefeller Institute for Medical Research, was the first of three recent guest lecturers on the medical school campus. He spoke on March 18, his topic being "Where Do Viruses Come From?" On March 27 Dr. Flanders Dunbar, assistant physician at Presbyterian Hospital and Vanderbilt Clinic, New York, delivered the Katharine Baird Memorial lecture, the subject being "Psychosomatic Medicine."

Dr. Harry Beckman, professor of pharmacology at Marquette, gave the Alpha Omega Alpha Memorial lecture. Dr. Beckman spoke on "Pharmacologic Musings Regarding Neoplasia".

Woman's Medical College

The \$650,000 residence for nurses and the new school of nursing was recently dedicated on the campus of the Medical College. Called Ann Preston Hall, the new unit is the first to be completed in the present expansion program. Besides housing 92 student nurses and other personnel, the building will release 40 beds in the hospital for convalescent care.

Recent grants: \$9,720 to Dr. Phyllis A. Bott for studies on renal electrolyte excretion, Life Insurance Medical Research Fund; \$25,000 to Dr. Mildred C. J. Pfeiffer, Cancer Training Grant; \$4,860 to Dr. Macheld E. Sano, National Advisory Health Council. A bequest of \$15,000 has been made under the will of the late Dr. Sara J. Ware, class of 1890.

Founders' Day Exercises on March 11 celebrated the 102nd anniversary of the College. Dean John McKenney Mitchell of the University of Pennsylvania School of Medicine gave the principal address. Dr. Ann Catherine Artbars, associate professor of otolaryngology, and Dr. Jean Gowin, assistant professor of pediatrics, were cited for 25 years of service to the school.

Dr. John B. Levan has been named clinical assistant professor of medicine.

Yale University

President A. Whiney Griswold recently announced a gift of \$200,000 from the Commonwealth Fund to finance special studies in human biology and ecology. The Commonwealth grant, President Griswold said, would underwrite a three-year project beginning July 1 and affecting all courses in the fields of biology and ecology throughout the university.

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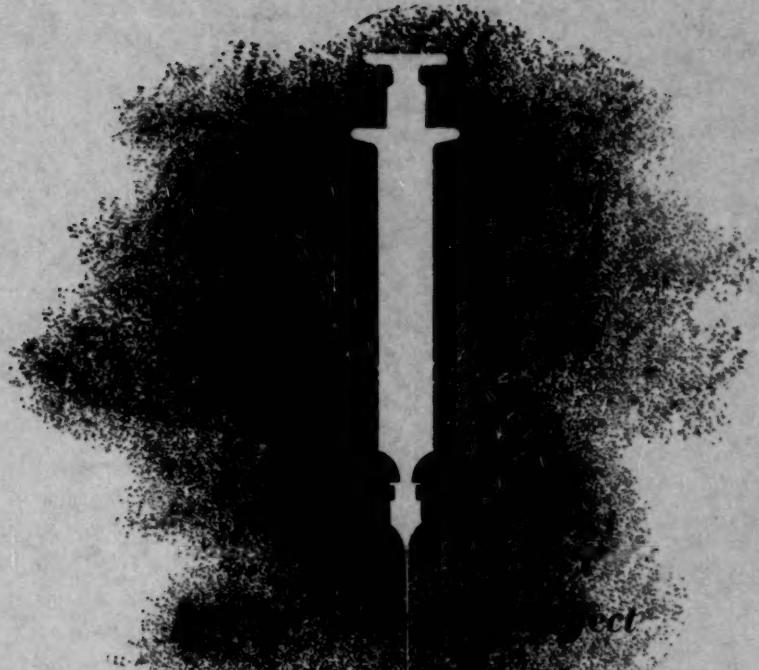
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